## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K72598** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name WALKER BROS, CLEANING SERVICES, INC. 04-24-2000 90023 035 \*\*\*150.00 Principal Place of Business Mailing Address 170 NE DIXIE HWY 170 NE DIXIE HIGHWAY STUART FL 34994 STUART FL 34994-1842 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0117884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, CHARLES A., JR. Street Address (P.O. Box Number is Not Acceptable) 170 NE DIXIE HIGHWAY STUART FL 34994 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE WALKER, CHARLES A., JR. NAME NAME 1850 SW PALM CITY ROAD P102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FD CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WALKER, KEVIN A. NAME NAME 2992 ADMIRAL STREET STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment withyan address, with all other like parpowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF