

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90006 050 \*\*\*\*\*50.00

**DOCUMENT # L00000016084**

1. Entity Name

**J.W. WALKER, LLC**

Principal Place of Business

**17221 SLATER ROAD  
NORTH FORT MYERS FL 33917**

Mailing Address

**17221 SLATER ROAD  
NORTH FORT MYERS FL 33917**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1074201**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WALKER, JAMES E  
17221 SLATER ROAD  
NORTH FT MYERS FL 33917****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WALKER, JAMES E  
17221 SLATER RD.  
N. FT. MYERS FL 33917** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**10. ADDITIONS/CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GLORIA J. THOMAS  
18071 SLATER RD  
N. Ft. Myers, FL 33917** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Johnnie T. Walker  
621 Bimini Ave., Marco Is. FL 34145** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
J. ALLEN WALKER  
17131 SLATER RD., N. FT. MYERS, FL  
33917** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-10-02 941-543-8044**

CF2E083 (9/01)