

2002 UNIFORM BUSINESS REPORT (UBR)

09-11-2002 90099 004 *****50.00
L01000001699

DOCUMENT # L01000001699

1. Entity Name

ULTIMATE WALK, LLC

FILED

02 SEP 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

209 CORSAIR RD
MARATHON FL 33050

209 CORSAIR RD
MARATHON, FL 33050

2. Principal Place of Business

209 CORSAIR RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 654

Suite, Apt. #, etc.

City & State

Duck Key, FL 33050

Zip

33050

Country

USA

City & State

Long Key FL

Zip

33001

Country

USA

FEI Number

65-1070868

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITTINGTON, DONNA M

209 CORSAIR RD Box 654
MARATHON FL 33050

Long Key FL 33001

Name

SAME DONNA WITTINGTON

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

209 CORSAIR RD

Duck Key FL 33050

City

Long Key

FL

Zip Code

33001

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna M. Wittington

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. STEVEN WITTINGTON
944 STRECKER RD
CHESTERFIELD MO 63005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. / SECRETARY
CHRIS WITTINGTON
1010 STRECKER RD
CHESTERFIELD MO 63005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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)(l), 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:

Chris Wittington

REQUIRED

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

Date

Daytime Phone #

9-5-02

636-532-3757

CR2E083 (4/02)