

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013191

1. Entity Name

WALTON FAMILY INVESTMENTS, LLC

Principal Place of Business

Mailing Address

12341 OAKWIND PLACE
SEMINOLE FL 33772

12341 OAKWIND PLACE
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTON, MARK H III
12341 OAKWIND PLACE
SEMINOLE FL 33772

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

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
Mark H. Walton, III
12341 Oakwind Place
Seminole, FL 33772

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Deborah P. Walton
12341 Oakwind Place
Seminole, FL 33772

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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☐ Delete

TITLE
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)(f), 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:

Mark H. Walton, III
Mark H. Walton, III

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

Date

Daytime Phone #

FILED

02 NOV -5 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

013052



DO NOT WRITE IN THIS SPACE

09/25/02 90117 048 \$50.00

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

CR2003 (4/02)

*Troup &
Associates, CPAs, PA*
Certified Public Accountants

November 4, 2002

Florida Department of State
Division of Corporations
Annual Report Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Walton Family Investments, LLC
Document #L01000013191
2002 UBR

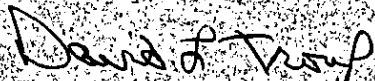
Dear Sir:

Per our telephone conversation of October 25, 2002, please find enclosed the completed 2002 Uniform Business Report for the captioned entity.

Your letter of September 27, 2002 is also attached for your reference.

If you have any questions or desire additional information, please advise.

Sincerely,



David L. Troup
Certified Public Accountant

DLT/pp

Enclosures (2)

cc: Mark H. Walton, III