

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39581

1. Entity Name

WALKERSWOOD MARKETING N.A., INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90041 005 ***158.75

Principal Place of Business

Mailing Address

6187 N.W. 167 STREET
UNIV H 29
MIAMI FL 33015

6187 N.W. 167 STREET
UNIV H 29
MIAMI FL 33015-4340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0264285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CELIA DIXON-CHAMBERS
20110 N.W. 9TH DRIVE
PEMBROKE PINES FL 33023

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DIXON-CHAMBERS, CELIA**
STREET ADDRESS **20110 N.W. 9TH DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **EDWARDS, MICHAEL RHODERICK**
STREET ADDRESS **BRAMFIELD RD: WENHASTON**
CITY-ST-ZIP **HALESWORTH SUFFOLK UK**

TITLE **VP** ☐ Delete
NAME **EDWARDS, RHODERICK M**
STREET ADDRESS **BRAMFIELD RD WHENHASTON HALESWORTH**
CITY-ST-ZIP **SUFFOLK UN**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **CELIA DIXON-CHAMBERS**
STREET ADDRESS **20110 NW 9th DR**
CITY-ST-ZIP **PEMBROKE PINES FL 33015**

TITLE **D** ☐ Delete
NAME **MITCHELL, WOODROW**
STREET ADDRESS **BROMLEY WALKERSWOOD**
CITY-ST-ZIP **ST. ANN JA**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **SAME**

TITLE **D** ☐ Delete
NAME **MCFARLANE, JOHN**
STREET ADDRESS **BROMLEY WALKERSWOOD**
CITY-ST-ZIP **ST. ANN JA**

TITLE ☐ Change ☐ Addition
NAME **SAME**

TITLE **D** ☐ Delete
NAME **BURKE, VIRGINIA**
STREET ADDRESS **21 CENTRAL AVENUE**
CITY-ST-ZIP **KINGSTON JAMAICA WI**

TITLE ☐ Change ☐ Addition
NAME **SAME**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 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 with an address, with all other like empowered.

SIGNATURE:

CELIA DIXON-CHAMBERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305

01-21-00 5564715