

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90122 016 ***158.75

DOCUMENT # L39581

1. Entity Name
WALKERSWOOD MARKETING N.A., INC.



Principal Place of Business
**6187 N.W. 167 STREET
UNIV H 29
MIAMI FL 33015**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0264285**

Applied For
Not Applicable

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DIXON-CHAMBERS, CELIA**
STREET ADDRESS **20110 NW 9TH DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33-0205**

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

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

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **VIRGINIA BURKE**
STREET ADDRESS **21 CENTRAL AVENUE**
CITY-ST-ZIP **KINGSTON 6 JAMAICA W.I**

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

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

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

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

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **EDWARDS Rhoderick**
STREET ADDRESS **BRAMFIELD Rd. Wenhaston**
CITY-ST-ZIP **HALESWORTH Suffolk U.K**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Jan 21, 03

Date

306556 4715

Daytime Phone #

CR2E034 (10/02)