2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address PO BX 1748

US

WINTER PARK FL 32790

M78180 **DOCUMENT #**

1. Entity Name CONDEV/WALKER, INC.

Principal Place of Business 2479 ALOMA AVE

WINTER PARK FL 32792



FILED Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90087 026 ***150.00

10040010



2. Principal Place of Business				3. Mailing Address								14 M F 54 94 1	8 Fil 0 8 1 1 1 1 1 1 1	111 BIDAL OFOL	ii birii bibii 1001
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI Number 59-2883651							Applied For Not Applicable
Zip Country			Zip		Coun	Country			ertificat	e of Statu	s Desi	red		\$8.75 A ee Requi	dditional
			7. Ns	ame an	d Addres	s of N	ew Rec								
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent								
GARDNER, ROBERT N						Street Address (P.O. Box Number is Not Acceptable)									
2479 ALC)ma avenu			Street A	(P.O. Bo	x Numb	per is Not	Accep	table)						
WINTER F	PARK FL 32	792													
						City								Zip Co	nde
													FL	2,000	
	tions of regist	r submits this statement for ered agent.	, ,			ed office of	-			oth, in the	State	of Floric	da. I am fa	ımiliar with	h, and accept
FILE NOW!!! FEÉ IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							•			lection Ca rust Fund	, ,		ncing		.00 May Be ed to Fees
10.		OFFICERS AND	DIRECTO	DRS	11.			ADD	PITIONS	S/CHANG	ES TO	OFFIC	ERS AND		
TITLE	DP Gardner	LOCEDU		☐ Delete	TITL		r	Sinn	, <	. Wo	14.	سے د		☐ Change	Addition
NAME		HA AVENUE			NAM							•			
STREET ADDRESS CITY-ST-ZIP		ARK FL 32792				ET ADDRESS - ST-ZIP				yinia		C. 5			
	DV	AIN IL OLI OL			-		-	MIN.	Ter	raik	٠,	ru o	27 89	C7 0b	Tel same.
HTLE NAME		, ROBERT N		☐ Delete	TITU		D	احيا	Fish	er				Change	Addition
STREET ADDRESS		MA AVENUE				ET ADDRESS	Ī	004	Te	ier mple	Grov	e			
CITY-ST-ZIP		ARK FL 32792				-ST-ZIP							3278	9	
TITLE	D			☐ Delete	TITLE		-	, - , , , ,		100 10	<u>' </u>			☐ Change	☐ Addition
NAME	WALKER,	R-LANCE	-	□ Delete	NAM				-				*	Change	Addition
STREET ADDRESS		NNSYLVANIA AVE				ET ADDRESS									
CITY-\$T-ZIP		ARK FL 32789			CITY	-ST-ZIP									
TITLE	D			☐ Delete	TITLE									☐ Change	Addition
IAME	FISHER, J	oseph a III			NAM	E							*		_
STREET ADDRESS		DDLAND AVE			STRE	ET ADDRESS									
CITY-ST-ZIP	WINTER P	ARK FL 32789			CITY	-ST-ZIP									
TTLE				☐ Delete	TITLE									☐ Change	Addition
IAME		•	•		NAM	E									
STREET ADDRESS						ET ADDRESS									
CITY-ST-ZIP		·			CITY	-ST-ZIP									
TTLE		,		☐ Delete	TITLE									Change	Addition
IAME					NAM										
TREET ADDRESS						ET ADDRESS									
CITY-ST-ZIP	<u></u>				CITY	-ST-ZIP									
- مامسمدا ۱	and a state of the control of														

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 of 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: