001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000505

1. Entity Name

Zip

SIGNATURE

10.

TITI F

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

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NAME

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NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TATUM, SANDRA C 6912 CAVALIER RD JACKSONVILLE FL 32208

N.T. WALKER HUMAN RESOURCE CENTER, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

JACKSON, NATHANIEL

ST AUGUSTINE FL 32085

208 ARGONAUT RD

TATUM, SANDRA C

6912 CAVALIER RD

JACKSONVILLE FL

SPORROW, CAROLYN

Jackson, Norsalus

582 WILLOW WALK PL

18 S. WHITNEY STREET

ROBERSON, PATRICIA

ST AUGUSTINE FL 32095

ST AUGUSTINE FL

ST AUGUSTINE FL

17 ROLLINS AVE

MOTLEY, GENE

SAINT AUGUSTINE FL 32095

570 W 5TH STREET

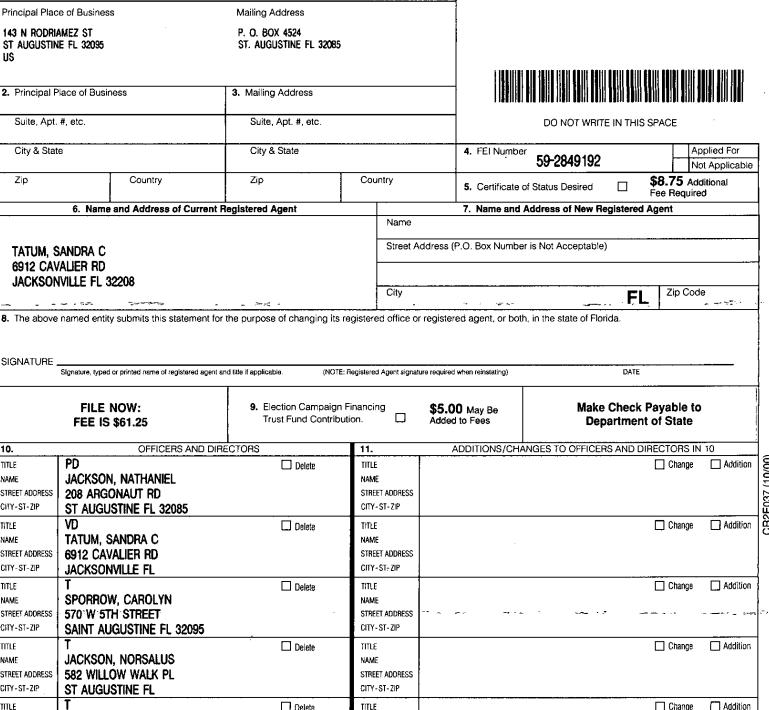
VD.

Principal Place of Business	Mailing Address
143 N RODRIAMEZ ST ST AUGUSTINE FL 32095 US	P. O. BOX 4524 ST. AUGUSTINE FL 32085
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip

FILED Feb 01, 2001 8:00 am Secretary of State

02-01-2001 90068 036 ****61.25



12. I hereby certify that the information supplied with this filling 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 617, 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.

CITY-ST-ZIP

Country

9. Election Campaign Financing

11.

TITI F

NAME

TITLE

NAME

TITLE

NAME

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TITLE

NAME

TITLE

NAME

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Change

☐ Addition