

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90366 019 ****61.25

DOCUMENT # N92000000505

1. Entity Name

N.T. WALKER HUMAN RESOURCE CENTER, INC.

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

Country

Zip

Country

4. FEI Number

59-2849192

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

**TATUM, SANDRA C
 6912 CAVALIER RD
 JACKSONVILLE FL 32208**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD JACKSON, NATHANIEL**
 STREET ADDRESS **208 ARGONAUT RD**
 CITY-ST-ZIP **ST AUGUSTINE FL 32085**

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

TITLE ☐ Delete
 NAME **VD TATUM, SANDRA C**
 STREET ADDRESS **6912 CAVALIER RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32208**

TITLE ☐ Delete
 NAME **T SPORROW, CAROLYN**
 STREET ADDRESS **570 W 5TH STREET**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

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

TITLE ☐ Delete
 NAME **T JACKSON, NORSALUS**
 STREET ADDRESS **582 WILLOW WALK PL**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32085**

TITLE ☐ Delete
 NAME **T MOTLEY, GENE**
 STREET ADDRESS **18 S. WHITNEY STREET**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32095**

TITLE ☐ Delete
 NAME **D ROBERSON, PATRICIA**
 STREET ADDRESS **17 ROLLINS AVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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 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 (ike empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra C. Tatum **Sandra C. Tatum** 4/25/02 (904)824-6500

CR2E037 (9/01)