## 2001 UNIFORM BUSINESS REPCRT (UBR)

Muy D. Walker

## FILED May 24, 2001 8:00 am Secretary of State DOCUMENT # **P00000008317** 1. Entity Name 05-24-2001 90003 043 \*\*\*550 00 WALKER & TRAVIS INVESTMENTS, INC. Principal Place of Business Mailing Address 6234 WINDWOOD DRIVE 6234 WINDWOOD DRIVE 660258 PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 4350 Irongate Road 4350 Irongate Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Pensacola, FL 32504 Not Applicable Pensacola, 32504 59-3621361 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, CRAIG DOUGLAS Stract Address (P.O. Box Number is Not Acceptable) 4350 Irongate Road 6234 WINDWOOD DRIVE PENSACOLA FL 32504 City Pensacola Zip Code 32504 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. FILE NOW ! FEE IS \$150.00 9. This corpo ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) X Change ☐ Addition D ☐ Delete TITLE TITLE Walker, Craig D. 4350 Irongate Road WALKER, CRAIG DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 6234 WINDWOOD DRIVE Pensacola, FL 32504 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 X Change ☐ Addition ☐ Delete TITLE TITLE D WALKER, LEZLI FAY NAME Walker, Lezli F. NAME 4350 Irongate Road Pensacola, FL 32504 STREET ADDRESS STREET ADDRESS 6234 WINDWOOD DRIVE CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32504 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP Addition Change iITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete HTLE Change NAME STREET ADDRESS STREET ADDRE -S CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRE 3S CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that i of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address, with all other like empowered