2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000032560 DOCUMENT

WALKER CASE MANAGEMENT, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90275 011 ***150.00

1984 S.E. 17	ace of Busines TH STREET BEACH FL 3306		1984	Mailing Address 1984 S.E. 17TH STREET POMPANO BEACH FL 33062				,	J Majuraj na adak adah cala arki	 	() 	1 3 1 11171 31 111 1 11 12	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE 1	F MAKING (CHANGE	S	
City & State			Cit	y & State			0:17(98/.530)			Applied For Not Applicab			
Zip Country				Zip - C				5. Ce	ertificate of Status Desired	□ \$	8.75 A	dditional	
	6. Name	and Address of Curren	t Register	red Agent				7. Na	me and Address of New Re	gistered Ag	jent		
WALKER, JOAN T							Name						
1984 S.E. 17TH STREET				Г			Street Address (P.O. Box Number is Not Acceptable)						
	O BEACH FI					ļ							_
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						City		-		FL	Zip Cod	de	┪.
8. The above	e named entity	submits this statement for	or the pur	oose of changing its	reaistere	ed office o	r registered	2000	it, or both, in the State of Flori	alo Loro for			4
the obliga	tions of registe	ered agent.		g-ng-ng-no	· ogiotoit	24 OIII66 O	riogistered	ayer	at, or both, in the State of Flori	da. Tam far	niliar with	, and accept	ļ
SIGNATURE													
		or printed name of registered agent	and title if ap	plicable. (NOTE	: Registered	d Agent signati	ure required whe	en reins	tating)	DATE			
F	ILE NOW!!!	FEE IS \$150.00						\top	<u> </u>				4
Afte	r May 1, 200	3 Fee will be \$550.00	- 2 ,			•	-=		9. Election Campaign Final	ncing	- \$5.0	00 May Be	ļ
Make Checi	k Payable to	Florida Department o	f State						Trust Fund Contribution.		Àdde	d to Fees	
10.	7-	OFFICERS AND	DIRECTO	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					2S IN 11	4
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NAME	WALKER, J				NAME					<u> </u>	_ onunge	Addition	0/0
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STREET ADDRESS					NAME STREET	ADDRESS							ļ

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR