

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90208 026 ***550.00

DOCUMENT # **P000000048488**

1. Entity Name

**MULTI-PROPERTY INVESTMENT
& DEVELOPMENT CORP.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

631 PINEBROOK CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

631 PINEBROOK CIRCLE

Suite, Apt. #, etc.

City & State

CANTONMENT, FLORIDA

City & State

CANTONMENT, FLORIDA

4. FEI Number

59-3748324

Applied For

Not Applicable

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERALD C. WALKER

Street Address (P.O. Box Number is Not Acceptable)

1508 COLWYN DRIVE

City

CANTONMENT

FL

Zip Code

32533

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR, PRESIDENT
NAME	GERALD C. WALKER
STREET ADDRESS	1508 COLWYN DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	DIRECTOR, SECRETARY
NAME	JENNIFER L. WALKER
STREET ADDRESS	631 PINEBROOK CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	DIRECTOR, TREASURER
NAME	KAREN J. WALKER
STREET ADDRESS	1508 COLWYN DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald C. Walker

GERALD C. WALKER

5/06/04

850/937-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)