

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054811

1. Entity Name
WALKER'S ISLAND SERVICES, INC.



FILED

03 SEP -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
700 SW 34TH ST
FT LAUDERDALE FL 33315

Mailing Address
700 SW 34TH ST
FT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1014164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

Name

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

City

900022789519
09/05/03-01031-007 ***558.75
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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ABPLAMP, ROBERT H
STREET ADDRESS 700 NEPPERHOW AVE
CITY-ST-ZIP YONKERS NY 10703 ☐ Delete

TITLE CEO
NAME ABPLANALP, ROBERT H
STREET ADDRESS 700 NEPPERHAN AVE.
CITY-ST-ZIP YONKERS, NY 10703 ☒ Change ☐ Addition

TITLE DV
NAME ABPLAMP, JOHN P
STREET ADDRESS 700 NEPPERHOW AVE
CITY-ST-ZIP YONKERS NY 10703 ☐ Delete

TITLE PRESIDENT
NAME ABPLANALP, JOHN P
STREET ADDRESS 700 NEPPERHAN AVE
CITY-ST-ZIP YONKERS, NY 10703 ☒ Change ☐ Addition

TITLE DV
NAME BODDY, DAVID
STREET ADDRESS 700 NEPPERHOW AVE
CITY-ST-ZIP YONKERS NY 10703 ☐ Delete

TITLE EVP
NAME BODDY, DAVID
STREET ADDRESS 700 NEPPERHAN AVE
CITY-ST-ZIP YONKERS, NY 10703 ☒ Change ☐ Addition

TITLE V
NAME WELCH, ANDREW
STREET ADDRESS 700 SW 34TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33315 ☒ Delete

TITLE VPF
NAME MARIANI, ALBERT JR.
STREET ADDRESS 700 NEPPERHAN AVE
CITY-ST-ZIP YONKERS, NY 10703 ☐ Change ☒ Addition

TITLE S
NAME GRIFFIN, DANIEL J
STREET ADDRESS 51 PONDFIELD RD
CITY-ST-ZIP BRONSWILLE NY 10708 ☐ Delete

TITLE S
NAME GRIFFIN, DANIEL J
STREET ADDRESS 51 PONDFIELD RD
CITY-ST-ZIP BRONXVILLE, NY 10708 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (4/03)