

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055315

1. Entity Name

WALKER INSURANCE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90072 005 ***150.00

Principal Place of Business

5222 S/E/ HARROLD TERRACE
STUART FL 32997

Mailing Address

5222 S/E/ HARROLD TERRACE
STUART FL 32997

2. Principal Place of Business

2446 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

2446 SE Federal Hwy
Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65 1014683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, LAWRENCE Y
817 BEACHLAND BLVD
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Kevin Walker

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

2446 S.E. FEDERAL HIGHWAY

City

Stuart.

Zip Code

34994

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

Kevin G. Walker Kevin G. Walker

4/18/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, KEVIN	
STREET ADDRESS	5222 S/E/ HARROLD TERRACE	
CITY-ST-ZIP	STUART FL 32997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin G. Walker Kevin G. Walker

Date

4/18/01

Daytime Phone #

501-221-3202

CR2E034 (10/00)