

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90025 002 ***150.00

DOCUMENT # P00000088032

1. Entity Name
WALKRITE, INC.

Principal Place of Business
1495 DONNA MARIE DR.
MELBOURNE FL 32904

Mailing Address
1495 DONNA MARIE DR.
MELBOURNE FL 32904

2. Principal Place of Business
10601 SAN JOSE BLVD.
 Suite, Apt. #, etc.
211

3. Mailing Address
1495 DONNA MARIE DR.
 Suite, Apt. #, etc.
#

City & State
JACKSONVILLE
 Zip
32257
 Country
DUVAL

City & State
MELB., FL 32904
 Zip
32904
 Country
BREVARD

4. FEI Number
59-3673075

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J
1329 BEDFORD DR., #1
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME COLEMAN, CHRISTOPHER J	
STREET ADDRESS 1329 BEDFORD DR. #1	
CITY-ST-ZIP MELB., FL 32940	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME A. MECHELLE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARD T. JENKINS	
STREET ADDRESS 1495 DONNA MARIE DR.	
CITY-ST-ZIP MELBOURNE FL 32904	
TITLE A. MECHELLE JENKINS - SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 1495 DONNA MARIE DR.	
CITY-ST-ZIP MELB., FL 32904	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-16-01 **321-480-6084**
 Date Daytime Phone #

CR2E034 (10/00)