

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90142 019 \*\*\*150.00

**DOCUMENT # P00000117595**



1. Entity Name  
**R P WALKER, INC.**

Principal Place of Business  
**HIGHWAY 259  
WACISSA FL 32361**

Mailing Address  
**PO BOX 38  
WACISSA FL 32361**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3687255**

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

**WARFEL, TIMOTHY J  
2039 CENTRE POINTE BLVD  
SUITE 201  
TALLAHASSEE FL 32308**

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. 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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, RONALD P</b>	
STREET ADDRESS	<b>PO BOX 38-HWY 259</b>	
CITY-ST-ZIP	<b>WACISSA FL 32361</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, SHERRILL</b>	
STREET ADDRESS	<b>PO BOX 38 HWY 259</b>	
CITY-ST-ZIP	<b>WACISSA FL 32361</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 of Ronald P Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-03 850-997-3159  
Date Daytime Phone #

CR2E034 (10/02)