

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0101366 AV

DOCUMENT # P01000036041

1. Entity Name
WALKER WOODS, INC.



FILED

03-APR-15 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
129 ROBIN ROAD
ALTAMONTE SPRINGS FL 32701

Mailing Address
POST OFFICE BOX 4961
ALTAMONTE SPRINGS FL 32802-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

59-3719779

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA INC
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEPPER, DONNA D
129 ROBIN ROAD
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200017339202
04/30/03--01003--022 **158.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PEPPER, DONNA D
129 ROBIN ROAD
ALTAMONTE SPRINGS FL 32701

☐ Delete

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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
Donna D. Pepper, President

Date

Daytime Phone #

CR2E034 (10/02)