

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90001 029 ***150.00

DOCUMENT # P01000052732

1. Entity Name
A. S. WALKER INC.

Principal Place of Business

**RTE 14 BOX 2490
LAKE CITY FL 32024**

Mailing Address

**RTE 14 BOX 2490
LAKE CITY FL 32024**

2. Principal Place of Business

RTE 27 Box 2490

3. Mailing Address

RT 27 Box 2490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL.

City & State

LAKE CITY FL.

4. FEI Number

59-3719158

Applied For

Not Applicable

Zip

Country

32024

US.

Zip

Country

32024

US.

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

**WALKER, RONALD S
RTE 14 BOX 2490
LAKE CITY FL 32024**

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 *R.S. Walker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 10/02
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D WALKER, RONALD S**
STREET ADDRESS **RTE 14 BOX 2490**
CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE ☐ Delete
NAME **D BRAUN, ROBERT**
STREET ADDRESS **5036 SEVILLE DR**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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: *R.S. Walker* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10/02 386-754-5618
Date Daytime Phone #

CR2E034 (9/01)