

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000086472

FILED  
Mar 27, 2002 8:00 AM  
Secretary of State

**Entity Name:** WALKER FINANCIAL CENTERS, INC,

**Current Principal Place of Business:**

107 RAINS DR.  
DAYTONA BEACH, FL 32127

**New Principal Place of Business:**

2430 S. ATLANTIC AVENUE  
B  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

107 RAINS DR.  
DAYTONA BEACH, FL 32127

**New Mailing Address:**

**FEI Number:** 59-3743871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, VERONICA  
107 RAINS DR.  
DAYTONA BEACH, FL 32127

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALKER, VERONICA  
Address: 107 RAINS DR.  
City-St-Zip: DAYTONA BEACH, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA WALKER

PD

03/27/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date