## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000088154

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE WALKER CONTRACTING GROUP, INC

FILED Feb 03, 2003 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES,, FL 34103				3551 WESTVIEW DRIVE #203 NAPLES,, FL 34104			
Current Mailing Address:				New Mailing Address:			
4501 TAMIA SUITE 300 NAPLES,, F	AMI TRAIL NO FL 34103	RTH					
FEI Number:	59-3748586	FEI Number Applied For ( )	FEI Numb	ber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O QUAR 4501 TAMIA	AWDOCK, INC LES AND BRA AMI TRAIL NO 'L 34103 US	C. NDY, LLP RTH, SUITE 300					
The above in the State		ubmits this statement for the p	ourpose of	changing it	s registered o	office or registered agent, or bot	h,
SIGNATUR	E:						
	Electron	ic Signature of Registered Age	ent			Date	_
	paign Financing	Trust Fund Contribution().	,	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTO	ORS
Title: Name: Address: City-St-Zip:	MIXTER, ELIZÁ	W DRIVE, SUITE 203	14	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	WALKER, MICH	W DRIVE, SUITE 203	1 4	Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	GODEN, WILLIA	W DRIVE, SUITE 203	1	Title: Name: Address: City-St-Zip:	GOLDEN, WILI	EW DRIVE, SUITE 203	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL WALKER DP 02/03/2003

() Delete

3551 WESTVIEW DRIVE, SUITE 203

HAILTON, CHARLES C

NAPLES, FL 34104

(X) Change ( ) Addition

HAMILTON, CHARLES C

NAPLES, FL 34104

3551 WESTVIEW DRIVE, SUITE 203