

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90089 007 ***150.00

DOCUMENT # P01000089074

1. Entity Name

WALKER MANAGEMENT, INC.

Principal Place of Business

**PO DRAWER 2759
 GAINESVILLE FL 32602**

Mailing Address

**PO DRAWER 2759
 GAINESVILLE FL 32602**

2. Principal Place of Business

1901 NW 67th Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Suite, Apt. #, etc.

Zip

32653

Country

US

Zip

Suite, Apt. #, etc.

Country

Suite, Apt. #, etc.

4. FEI Number

59-3744128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LASH, ROBERT A
 MOODY & SALZMAN, P.A.
 500 E. UNIVERSITY AVE., STE. A
 GAINESVILLE FL 32602-2759**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALKER, JAMES STEPHEN**
 CITY-ST-ZIP **1901 NW 67TH PLACE, STE. C**
GAINESVILLE FL 32653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Walker 3/13/02

Date

352 373 8906

Daytime Phone #

CR2E034 (9/01)