

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90086 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000104962

1. Entity Name
WALKER'S FIRST CLASS CATERING, INC.



Principal Place of Business
**2506 FLETCHER STREET
HOLLYWOOD, FL 33020**

Mailing Address
**2506 FLETCHER STREET
HOLLYWOOD, FL 33020**

90153061

2. Principal Place of Business

1217 Sunset Strip

Suite, Apt. #, etc.

3. Mailing Address

1217 Sunset Strip

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-1151257

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTER, NATHANIEL
2506 FLETCHER STREET
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
Nathaniel Walker

Street Address (P.O. Box Number is Not Acceptable)

1217 Sunset Strip

City
Sunrise

FL

Zip Code

33313

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]

Nathaniel Walker - Pres.

8/15/03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, NATHANIEL
2506 FLETCHER STREET
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3070 NW 91 St.
Miami 33147** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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]

Nathaniel Walker 8/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 791-6933

CR2E034 (10/02)