

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90168 010 ***150.00

DOCUMENT # P02000022604

1. Entity Name
JOHN R. WALKER, INC.



Principal Place of Business
**3461 SW 59TH CT.
FT. LAUDERDALE FL 33312**

Mailing Address
**3461 SW 59TH CT.
FT. LAUDERDALE FL 33312**



2. Principal Place of Business

3. Mailing Address

4500 DIXIE HWY NE. #2

Suite, Apt. #, etc.
PALM BAY, FLORIDA

Suite, Apt. #, etc.
#2

City & State

City & State
PALM BAY, FLORIDA

Zip
32949

Country
U.S.A.

Zip
32949

Country
U.S.A.

4. FEI Number
710866995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORPY, RICHARD E
202 N. HARBOR CITY BLVD.
STE. 300
MELBOURNE FL 32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! - FEE IS \$150.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOHN R 3461 SW 59TH CT, FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JOHN R. WALKER PRES.** 2/25/03 3210933605
Date Daytime Phone #