

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90064 011 ***155.00

DOCUMENT # P02000057673

1. Entity Name
WALKERSWOOD JERK CENTER & RESTURANT, INC.



Principal Place of Business
**5254 N ORANGE BLOSSOM TRAIL
#106
ORLANDO FL 32810**

Mailing Address
**5254 N ORANGE BLOSSOM TRAIL
#106
ORLANDO FL 32810**



2. Principal Place of Business
5921 Forest City Rd
Suite, Apt. #, etc.

3. Mailing Address
5921 Forest City Rd
Suite, Apt. #, etc.

City & State
Orlando Fl.

City & State
Orlando Fl.

4. FEI Number
48-1263771

Applied For
Not Applicable

Zip Country
32810 U.S.A.

Zip Country
32810 U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAMPBELL, ALBERT
5254 N ORANGE BLOSSOM TRAIL
#106
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name **SOPHIA CAMPBELL**
Street Address (P.O. Box Number is Not Acceptable)
5254 N. Orange Blossom Trail
Apt 106
City **Orlando** FL Zip Code **32810**

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

(Vice President)
(NOTE: Registered Agent signature required when reinstating)

04/09/03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAMPBELL, ALBERT 5254 N ORANGE BLOSSOM TRAIL #106 ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAMPBELL, SOPHIA 5254 N ORANGE BLOSSOM TRAIL #106 ORLANDO FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ps CAMPBELL SOPHIA 5254 N. Orange Blossom Trail #106 Orlando Fl 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Albert Campbell 5254 N Orange Blossom Trail #106 Orlando Fl 32810 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/03 **407-2985866**
Date Daytime Phone #

CR2E034 (10/02)