

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28941

1. Entity Name
WALKER BRADSHAW, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90053 040 ***150.00

Principal Place of Business
2670 UNION AVE EXTENDED
SUITE 1122
MEMPHIS TN 38112
US

Mailing Address
2670 UNION AVE EXTENDED
SUITE 1122
MEMPHIS TN 38112-4416
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **62-1292291**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADSHAW, EARLEY
1160 BOGEY LN
10
LONGBOAT KEY FL 34228

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	BRADSHAW, E. WALKER	
STREET ADDRESS	2670 UNION AVE EXTENDED, STE. 1122	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	EARTHMAN, B. DOUGLAS	
STREET ADDRESS	431 ALEXANDER	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	CRAIN, CAROLYN P.	
STREET ADDRESS	861 HARBOR VIEW DR	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/20/00

Date

Daytime Phone #

CR2E034 (9/99)