

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90154 010 \*\*\*550.00

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**DOCUMENT # P28941**

1. Entity Name

**WALKER BRADSHAW, INC.**



Principal Place of Business

**2670 UNION AVE EXTENDED  
SUITE 1122  
MEMPHIS TN 38112**

Mailing Address

**2670 UNION AVE EXTENDED  
SUITE 1122  
MEMPHIS TN 38112**

US

US

2. Principal Place of Business

**1503 Union Avenue**

3. Mailing Address

**P O Box 40831**

Suite, Apt. #, etc.

**Suite 220**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Memphis, TN**

City & State

**Memphis, TN**

4. FEI Number

**62-1292291**

Applied For

Not Applicable

Zip

**38104**

Country

**Shelby**

Zip

**38174-0831**

Country

**Shelby**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRADSHAW, EARLEY**

**1160 BOGEY LN**

**10**

**LONGBOAT KEY FL 34228**

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **PT** ☐ Delete  
NAME **BRADSHAW, E. WALKER**  
STREET ADDRESS **2670 UNION AVE EXTENDED, STE. 1122**  
CITY-ST-ZIP **MEMPHIS TN**

TITLE **S** ☐ Delete  
NAME **EARTHMAN, B. DOUGLAS**  
STREET ADDRESS **431 ALEXANDER**  
CITY-ST-ZIP **MEMPHIS TN**

TITLE **VPAS** ☐ Delete  
NAME **CRAIN, CAROLYN P.**  
STREET ADDRESS **861 HARBOR VIEW DR**  
CITY-ST-ZIP **MEMPHIS TN**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

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

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

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: Sue Williams **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/03

Date

Boebbares

Daytime Phone #

CR2E034 (4/03)