

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007550

1. Entity Name

DIANE M. WALKER, PSY. D. P.A.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90041 049 \*\*\*150.00

Principal Place of Business

DIANE WALKER  
5332 SW 34TH AVE  
FT LAUDERDALE FL 33312  
US

Mailing Address

DIANE WALKER  
5332 SW 34TH AVE  
FT LAUDERDALE FL 33312  
US

2. Principal Place of Business

6655 U.S. HWY 1

Suite, Apt. #, etc.

3. Mailing Address

6655 U.S. HWY 1

Suite, Apt. #, etc.

City & State

GRANT, FLORIDA

Zip 32949 Country U.S.

City & State

GRANT, FLORIDA

Zip 32949 Country U.S.

4. FEI Number

65-0382538

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

Name

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

City

Grant

FL

FL

Zip Code

32949

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)*

(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, 2001 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	P/S	<input type="checkbox"/> Delete
NAME	WALKER, DIANE M	
STREET ADDRESS	5332 SW 34TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, JOHN R	
STREET ADDRESS	5332 SW 34 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
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	6655 US Hwy 1	
CITY-ST-ZIP	Grant FL 32949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6655 US Hwy 1	
CITY-ST-ZIP	Grant FL 32949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)* JOHN R. WALKER

Date

Daytime Phone #

2/20/01 954-964-4435

CR2E034 (10/00)