FILED Jan 21, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name DAVID B. WALKER & ASSOCIATES, INC.						01-21-2003 90222 046 ***150.00			
Principal Place of Business 380 DOUGLAS RD E STE 9 OLDSMAN FL 34677			Mailing Address 380 DOUGLAS RD E STE 9 OLDSMAN FL 34677 US						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING C	☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-3231097		plied For t Applicable	
Zip Country		Zip	Zip Country			\$9.75 Additions			
6. Name and Address of Current			rent Registered Agent	Registered Agent		7. Name and Address of New Registered Age	7. Name and Address of New Registered Agent		
			· · · · · · · · · · · · · · · · · · ·		Name Street Address (P.O. Box Number is Not Acceptable)				
WALKER, 380 DOUG	david Glas RD e	#9							
TAMPA FL	L 34677					,		***************************************	
						FL Zip Code			
the obligat	tions of regist	y submits this statement tered agent. or printed name of registered in the statement of th	agent and title if applicable. (NOT		ed office or regist				
Make Check		03 Fee will be \$550 o Florida Departme	ent of State	-		9. Election Campaign Financing Irust Fund Contribution:		May Be to Fees	
10.	T	OFFICERS /	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WALKER, 380 DOUG TAMPA FL	BLAS RD E #9	. □ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
TITLE NAME Street Adoress City-St-Zip			□ Delete		1		Change	Addition	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete] Change	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 attack ent with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #