

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90112 028 \*\*\*150.00

**DOCUMENT # P94000022231**

1. Entity Name

**MIKE WALKER CONSTRUCTION CO., INC.**

Principal Place of Business

**985 11TH AVE S  
 JACKSONVILLE BEACH FL 32250  
 US**

Mailing Address

**985 11TH AVE S  
 JACKSONVILLE BEACH FL 33250  
 US**

2. Principal Place of Business

**2506 Liberty Lane**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 50925**

Suite, Apt. #, etc.

City & State

**Jacksonville Beach, FL**

City & State

**Jacksonville Beach, FL**

Zip  
**32250**

Country  
**US**

Zip  
**32240**

Country  
**US**

4. FEI Number **59-3235215**

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

**WALKER, MICHAEL P  
 4007 TROPICAL TERRACE  
 JACKSONVILLE BEACH FL 32250**

Name

**Michael P. Walker, Jr.**

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

**2506 Liberty Lane**

City

**Jacksonville Beach**

FL

Zip Code  
**32250**

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 *Michael P. Walker Jr* 1/30/01

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, MICHAEL P SR</b>	
STREET ADDRESS	<b>4007 TROPICAL TER.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, MICHAEL P JR</b>	
STREET ADDRESS	<b>2506 LIBERTY LN.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael P. Walker, Sr.</b>	
STREET ADDRESS	<b>4007 Tropical Terrace</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
TITLE	<b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael P. Walker, Jr.</b>	
STREET ADDRESS	<b>2506 Liberty Lane</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
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		
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: *Michael P. Walker Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01 (904)249-5010

CR2E034 (10/00)