

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90185 007 ***158.75

DOCUMENT # P94000024094

1. Entity Name
SMITH, WALKER & ASSOCIATES, INC.

Principal Place of Business

**3400 GALT OCEAN DR
 STE 2110-S
 FORT LAUDERDALE FL 33308**

Mailing Address

**3400 GALT OCEAN DR
 STE 2110-S
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233236

Applied For

Not Applicable

Zip

Country

Zip

Country

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, A G III
 3400 GALT OCEAN DR STE 2110-S
 FORT LAUDERDALE FL 33308**

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, 2002 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 ☐ Delete
NAME DP
STREET ADDRESS WALKER, A. GRAYSON III
CITY-ST-ZIP 3400 GALT OCEAN DR STE 2110-S
 FORT LAUDERDALE FL 33308

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS GUIDO, ERNEST
CITY-ST-ZIP 3400 GALT OCEAN DRIVE STE 2109-S
 FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME DV
STREET ADDRESS WALKER, GRACE D
CITY-ST-ZIP 2600 REED AVENUE
 MELBOURNE FL 32901

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS BASHKARDIN, ERNEST
CITY-ST-ZIP 16 ZAVODSKAYA STREET, APT. 70
 YEKATERINBURG, RU 620028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS SCHUSTEN, OSKAR
CITY-ST-ZIP 11 BRICKLE AVENUE
 MIAMI FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS CAVEAU, STEPHANE
CITY-ST-ZIP 4891 SW 77 Ave
 DAVIE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)