

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007174

1. Entity Name  
**WALK-A-BOUT ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**6145 OLD BETHEL RD 6145 OLD BETHEL RD**  
**CRESTVIEW FL 32536 CRESTVIEW FL 32536**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

Zip Country Zip Country

4. FEI Number **59-3293477** 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

**MOORE, BRET A**  
**102 BAYSHORE DR**  
**NICEVILLE FL 32578**

Name **MOORE, BRET A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**135 East John Sims Parkway**  
City **Niceville** **FL** Zip Code **32578**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete  
NAME **DPS**  
STREET ADDRESS **MOORE, BARABARA H**  
CITY-ST-ZIP **6145 OLD BETHEL RD**  
**CRESTVIEW FL 32536**

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

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **HUGHES, RUBY T.**  
CITY-ST-ZIP **6145 OLD BETHEL ROAD**  
**CRESTVIEW FL**

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

TITLE ☐ Delete  
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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: **Barbara H. Moore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (850) 678-1121  
Date Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
03-29-2001 90386 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE