

# 2001 UNIFORM BUSINESS REPORT (UBR)

0479613

DOCUMENT # P97000005354

1. Entity Name

WALKER AVENUE, INC.

Principal Place of Business

2105 PARK AVENUE NORTH  
WINTER PARK FL 32789

Mailing Address

P.O. BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

129 ROBIN ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

Zip

32701

Country

Country

4. FEI Number 59-3427597

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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.)

(NOT)

Registered Agent's 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 DPST  
NAME PEPPER, DONNA D  
STREET ADDRESS 2105 PARK AVENUE NORTH  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE DPT  
NAME Donna D. Pepper  
STREET ADDRESS 129 Robin Road  
CITY-ST-ZIP Altamonte Springs, FL 32701

☒ Change ☐ Addition

TITLE DVPS  
NAME Tony B. Johnson  
STREET ADDRESS 375 Douglas Avenue  
CITY-ST-ZIP Altamonte Springs, FL 32714

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 in this report or supplemental report is true and accurate and that I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed the 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:

Donna D. Pepper

DONNA D. PEPPER, DIRECTOR

4-25-01

Date

407/599-9998

Daytime Phone #

CR2E034 (10/00)

FILED  
01 MAY -1 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE