

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90090 035 ***150.00

0132026 AT

DOCUMENT # P97000050999

1. Entity Name
J.M. WALKER, L.M.T., INC.



Principal Place of Business
**61 NE 56 ST
FORT LAUDERDALE FL 33334**

Mailing Address
**POST OFFICE BOX 4023
FORT LAUDERDALE FL 33338**

→ **PLEASE SPELL-OUT "STREET"** ←



2. Principal Place of Business

3. Mailing Address

61 NE 56 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT LAUDERDALE, FL

City & State

City & State

33334-1709

Zip

Country

Zip

Country

33334-1709

USA

4. FEI Number **65-0763532**

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, JAMES
61 NE 56 ST
FORT LAUDERDALE FL 33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JAMES M. WALKER, PRES

(NOTE: Registered Agent signature required when reinstating)

8/25/03

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PTSD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WALKER, JAMES									
	61 NE 56 ST									
	FORT LAUDERDALE FL 33334									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JAMES M. WALKER, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03
Date

954/772-3404
Daytime Phone #

CR2E034 (4/03)

attachment

90156564

#P97000050999

JAMES M. WALKER, M.S., L.M.T.

61 Northeast Fifty-Sixth Street
Fort Lauderdale, Florida, 33334
Phone (954) 772-3404
jmwlmmt@mindspring.com



8/25/03

Re: FEI# 65-0763532

To Whom it May Concern:

I updated my mailing address with The Division of Corporations via USPS "Address Notification Form" many months ago. For some reason, however, this change was never made. As a result I never received the first UBR form.

Please correct my mailing address (see UBR) and accept the enclosed payment of \$150.00 to cover the original filing fee.

Sincerely,

James M. Walker, M.S., L.M.T.
President
J. M. Walker, L.M.T., INC.