

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90039 035 ***150.00

DOCUMENT # P97000062151

1. Entity Name
WALKER & FAIRBANKS, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**217 PONTE VEDRA PARK DRIVE
 SUITE 200
 PONTE VEDRA BEACH FL 32082
 US**

Mailing Address
**P.O. BOX 676
 PONTE VEDRA BEACH FL 32004
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3458687**

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, JAMES V
 217 PONTE VEDRA PARK DR
 SUITE 200
 PONTE VEDRA BEACH FL 32082**

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	WALKER, JAMES V	
STREET ADDRESS	217 PONTE VEDRA PARK DR- STE 200	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FAIRBANKS, RANDAL C	
STREET ADDRESS	217 PONTE VEDRA PARK DR STE 200	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
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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: James Walker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 2001 904-285-3204

Date Daytime Phone #

CR2E034 (10/00)