

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90008 044 ***150.00

DOCUMENT # P97000063771

1. Entity Name

WALKER LANDSCAPE, INC.

Principal Place of Business

1005 FLAGLER AVE.

SUITE 1

KEY WEST FL 33040

Mailing Address

1005 FLAGLER AVE.

SUITE 1

KEY WEST FL 33040

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

65-0772964

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, ADAM

1005 FLAGLER AVE.

SUITE 1

KEY WEST FL 33040

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D WALKER, ADAM**
STREET ADDRESS **1525 KEY DEER BLVD.**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ Change ☐ Addition
NAME **D Walker, Adam**
STREET ADDRESS **1005 Flagler Av. #1**
CITY-ST-ZIP **Keywest Fl. 33040**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-01 305-304-8007

0026794 AV

CR2E034 (5/01)

Attachment

Doc# D97000003771-C0072657

WALKER LANDSCAPE INC.

**1005 FLAGLER AVE #1
KEY WEST, FLORIDA
33040
PHONE 305-304-8007
FAX 305-294-7415
JCLIVES4U@MSN.COM**

July 2, 2001

Dear U.B.R. Officer,

My name is Adam Walker and today I received my first Uniform Business Report for walker Landscape Inc., the year 2001. I called the provided phone number and the operator told me to write you this letter to explain what happened and to send you the required \$150.00 payment. Thank you for your patience and understanding.

**Sincerely,
Adam Walker**

A stylized, handwritten signature in black ink, appearing to read 'Adam Walker', with a large, looping flourish at the end.