## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 23, 2001 8:00 am DOCUMENT # P97000065275 **Secretary of State** 1. Entity Name WALTON INVESTMENTS, INC. 03-23-2001 90009 038 \*\*\*150.00 Principal Place of Business Mailing Address 3200 NORTH WICKHAM ROAD #2 3200 NORTH WICKHAM ROAD #2 UUU37013 MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business 4100 CAROLWOOD de Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3463598 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALTERS, G W 3200 NORTH WICKHAM ROAD #2 **MELBOURNE FL 32935** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Delete TITLE ☐ Change TITLE NAME WALTERS, G W NAME 3200 NORTH WICKHAM ROAD #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32935 ☐ Change ☐ Addition TITLE Delete TITLE TIPTON, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3200 NORTH WICKHAM ROAD #2 CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 application, with all other like empowered.

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition