

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

DOCUMENT # P98-000049196

1. Entity Name

WALKER ROSE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Anchorage Center

3. Mailing Address

P.O. Box 1085GT

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

GRAND CAYMAN

City & State

GRAND CAYMAN

County

Grand Cayman

County

Grand Cayman

Zip

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Zip

00000

4. FFI Number

65-0852752

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Filings, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3732 NW 16th St.

City

Ft Lauderdale

FL

Zip Code

33311

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

X

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIPISIC
Richard Rose
PO Box 1085 GT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Grand Cayman
Cayman Islands

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

X Richard Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/03

CR2E034B (12/02)