2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000061174 1. Entity Name WALKER THOROUGHBREDS, INC.						FILED Apr 11, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address 471 N.W. 113 AVE.								
CORAL SPRIN 33071	GS FL	CORAL SPRINGS 33071		FL						
2. Principal P. 12740 N.W. 351	lace of Business H STREET	3. Mailing Address 2354 S.W. 147TH LANE ROAD							•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	"-			DO NOT WRI	TE IN THIS	S SPACE	–	
City & State ocala FL		City & State OCALA	FL		65-0848159		— — -	Applied For	أ	
Zip 34482	Country us	Zip 34473	itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
WALKER 471 N.W. 11	6. Name and Address of Current R ROBERT B 3 AVE.	legistered Agent			R R	. Name and Address of New R OBERT B DO Number is Not Acceptable ANE ROAD		l Agent		- - -
CORAL SPI 33071	RINGS FI named entity submits this statement for			City OCALA			F	L Zip Co 34473	 de	-
SIGNATURE ROBERT BRUCE WALKER Signature, typed or printed name of registered agent and title if applicable. (NOTE: FILE NOW!!! 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable			FEE 1 Fee	IS \$150.6 will be \$5	50.00	on reinstating) 10. Election Campaign Fir Trust Fund Contributio	DATE nancing	1/2001 \$5.	00 May Be	
11.	OFFICERS AND D		12.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 11	4
TITLE NAME STREET ADDRESS	DVT WALKER BEVERLY A 113 AVE.	☐ Delete		E ET Address	DVT WALKEI 2354 S.W			X Change		034 (11/00)
CITY-ST-ZIP	CORAL SPRINGS	FL 33071	CITY	-ST-ZIP	OCALA		FL	34473		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER ROBERT B 113 AVE. CORAL SPRINGS	☐ Delete _ , FL 33071			DP WALKEI 2354 S.W OCALA	R ROBERT B 7. 147TH LANE ROAD	FL		Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					=	☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition	1
of the corp changed,	tertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, with the control of the receiver of the control	true and accurate and that my vered to execute this report a:	בחחום /	fiire chail h:	ava tha com	te legal effect se if made under a	anthi that l	l am an office	e or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR