2001 UNIFORM BUSINESS REPORT (UBR)/ Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000064614 1. Entity Name 03-09-2001 90479 022 ***150.00 WALKER & WALKER MARKETING, INC. Principal Place of Business Mailing Address 2856 LANDOVER DR 2856 LANDOVER DR CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address 300 <u>5.</u> 300 S. Duncan DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **亚 336** 236 City & State Applied For 4. FEI Number 59-3523721 learwater Not Applicable 10an \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) YOUR BUSINESS MATTERS, INC. 9211 BRADY STREET SPRING HILL FL 34608 275 Ulmerton 8. The above named entity submittathis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 03-23-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) This corporation is ligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE (\$ \$150.00 9. This corporation is \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee wit be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PITSIC ☐ Addition CR2E034 (10/00) Change TITLE TITLE ☐ Delete Rhonda B. Walker 300 5 Duncan Ave. #236 WALKER, RHONDA B NAME NAME STREET ADDRESS STREET ADDRESS 1705 BERMUDA CT CITY-ST-ZIP CITY_ST_7IP SAFETY HARBOR FL 34695 Clearwater FL 33755 Addition Detete TITLE TITLE David Whitman WALKER, ROBERT A NAME NAME 300 S. Duncan Ave \$336 STREET ADDRESS STREET ADDRESS 1705 BERMUDA CT Clearwater EL 33755 CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP Chângé - Addition - Delete TITLE ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIME ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 SIGNATURE: