

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90469 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000096132**

1. Entity Name  
**THE NUT GLAZIN KING, INC.**

Principal Place of Business  
**14013 ANNHURST COURT**  
**ORLANDO FL 32826**

Mailing Address  
**834 ST MICHEL DRIVE**  
**ROCKLEDGE FL 32955**

2. Principal Place of Business  
**834 St. Michel Drive**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Rockledge FL**

City & State  
 City & State

Zip  
**32955**

Country  
**USA**

4. FEI Number  
**59-3542859**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, ROBERT H JR**  
**14013 ANNHURST COURT**  
**ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name  
**Walker, Robert H Jr**

Street Address (P.O. Box Number is Not Acceptable)  
**834 St. Michel Dr**

City  
**Rockledge**

FL Zip Code  
**32955**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ROBERT H JR 14013 ANNHURST COURT ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ROBERT H JR 834 St. Michel Dr Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Robert H Walker **REQUIRED** 5/1/02 321-537-6339  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

**The Nut Glazin King, Inc.**

834 St. Michel Drive  
Rockledge, FL 32955

865/97

Attachment

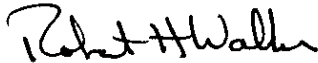
#P98000096132

May 3, 2002

To whom it may concern:

Per our telephone conversation, I am enclosing the standard fee for my corporation's Uniform Business Report. The document had been misplaced as a result of getting married and consolidating households. Please waive the late fee. Find enclosed a check for \$150.

Sincerely,



Robert Walker  
President