

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107892

1. Entity Name  
**WALTON LANDSCAPING, INC.**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90171 043 \*\*\*150.00

Principal Place of Business  
**290 GLENEAGLES DRIVE**  
**ORANGE PARK FL 32073**

Mailing Address  
**290 GLENEAGLES DRIVE**  
**ORANGE PARK FL 32073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11250 Old St Augustine Rd**

3. Mailing Address  
**11250 Old St Augustine Rd**

Suite, Apt. #, etc.  
**Suite 15-344**

Suite, Apt. #, etc.  
**Suite 15-344**

City & State  
**Jacksonville Florida**

City & State  
**Jacksonville Florida**

Zip  
**32257**

Country  
**USA**

Zip  
**32257**

Country  
**USA**

4. FEI Number **59-3549278**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTON, J. DEREK**  
**290 GLENEAGLES DRIVE**  
**ORANGE PARK FL 32073**

Name  
**Walton J Derek**  
Street Address (P.O. Box Number is Not Acceptable)  
**8955 Deer Berry Ct**

City  
**Jacksonville** FL Zip Code  
**32256**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **January 16 2001**

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, 2001 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  
**D**  
**WALTON, J. DEREK**  
**290 GLENEAGLES DRIVE**  
**ORANGE PARK FL 32073** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**Walton J Derek**  
**8955 Deer Berry Ct**  
**Jacksonville FL 32256** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **January 16 2001**

DAYTIME PHONE # **904 215-3014**

CR2E034 (10/00)