

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90030 042 \*\*\*150.00

**DOCUMENT # P99000031097**

1. Entity Name  
**DAVID C. WALKER, D.C., P.A.**

Principal Place of Business <b>3185 S. CONWAY RD., STE. B ORLANDO FL 32812</b>	Mailing Address <b>3185 S. CONWAY RD., STE. B ORLANDO FL 32812-7315</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3580465</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WALKER, DAVID C  
 3185 S. CONWAY RD., STE. B  
 ORLANDO FL 32812**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 *David C. Walker* DATE 3/9/00

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, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	WALKER, DAVID C		
STREET ADDRESS	4445 W. VALE ST. 3513 Shamrock Ct		
CITY-ST-ZIP	ORLANDO FL 32806		

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: *David C. Walker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/9/00 Daytime Phone # (407) 249-1808

CR2E034 (9/99)