

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90049 015 ***150.00

DOCUMENT # S39034

1. Entity Name
WALKER ELECTRICAL SERVICES, INC.

Principal Place of Business

**1033 W ROBINSON
 STE B
 ORLANDO FL 32805
 US**

Mailing Address

**4729 ROLLING OAKS DRIVE
 ORLANDO FL 32818-1709**

2. Principal Place of Business

1033 W. Robinson Street

3. Mailing Address

1033 W. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32805

Country

Orange

Zip

32805

Country

Orange

4. FEI Number

59-3218141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, ROBERT L.
 4729 ROLLING OAKS DRIVE
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **Walker Electrical Services, Inc. / Robert L. Walker**
 Street Address (P.O. Box Number is Not Acceptable) **1033 W. Robinson Street**
 City **Orlando** FL Zip Code **32805**

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

Robert L. Walker, President 1-9-2002

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

TITLE **VPD** ☒ Delete
 NAME **WALKER, GAIL D**
 STREET ADDRESS **4729 ROLLING OAKS DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☒ Delete
 NAME **WALKER, ROBERT L.**
 STREET ADDRESS **4729 ROLLING OAKS DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Robert L. Walker 1/9/2002 425-2494

Date

Daytime Phone #

CR2E034 (9/01)