


83 AMENDED  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 19 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name 894 000026681 MALONE JEWELERS, INC	
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DO NOT WRITE IN THIS SPACE

000021133970  
06/25/03--01056--003 \*\*\$61.25

2. Principal Place of Business 3204 N PACE BLVD Suite, Apt. #, etc.	3. Mailing Address 3204 N PACE BLVD Suite, Apt. #, etc.
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32505	Country Escambia

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3241228		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MARY MALONE Street Address (P.O. Box Number is Not Acceptable) 3204 N. PACE BLVD City PENSACOLA FL Zip Code 32505		

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Mary L. Malone</u> <u>Mary L. Malone</u> <u>6-4-03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARY L. MALONE 3204 N. PACE BLVD PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / INFORMATION TECHNOLOGY FRANK J. KELLY 3204 N. PACE BLVD PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT GARY MALONE 3204 N PACE BLVD PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / SALES MICHELLE R. KELLY 3204 N. PACE BLVD PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.
SIGNATURE: <u>Mary L. Malone</u> <u>Mary L. Malone</u> <u>6/4/03</u> <u>813-434-2221</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)