

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/E

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90059 008 \*\*\*150.00

**DOCUMENT # P99000071808**

1. Entity Name  
**602 SCENIC TERRACE, INC.**

Principal Place of Business 3280 W. SCOTT STREET PENSACOLA FL 32505	Mailing Address 3280 W. SCOTT STREET PENSACOLA FL 32505-5427
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 18155</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pensacola, FL</b>	4. FPI Number <b>59-3600212</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32505</b>	Country <b>Esambia</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BRADLEY, JAMES W**  
**3280 W. SCOTT STREET**  
**PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRDLEY, JAMES W</b> <b>3280 W. SCOTT STREET</b> <b>PENSACOLA FL 32505</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/PRESIDENT</b> <b>BRADLEY, JAMES W</b> <b>3280 WEST SCOTT STREET</b> <b>PENSACOLA, FLORIDA 32505</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRESIDENT/SEC &amp; TREAS</b> <b>RHONDA G. BRADLEY</b> <b>3280 WEST SCOTT STREET</b> <b>PENSACOLA, FLORIDA 32503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Rhonda G. Bradley* Date: 3-23-00 Daytime Phone #: 850-434-5245

CR2E034 (9/99)