## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am DOCUMENT # P99000071808 **Secretary of State** 1. Entity Name 02-04-2002 90182 039 \*\*\*150.00 602 SCENIC TERRACE, INC. Principal Place of Business Mailing Address 3280 W. SCOTT STREET PO BOX 18155 PENSACOLA FL 32505 PENSACOLA FL 32527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State Applied For 4. FEI Number 59-3600212 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, JAMES W Street Address (P.O. Box Number is Not Acceptable) 3280 W. SCOTT STREET PENSACOLA FL 32505 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 4 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition BRDLEY, JAMES W NAME NAME STREET ADDRESS 3280 W. SCOTT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME BRADLEY, RHONDA G STREET ADDRESS STREET ADDRESS 3280 WEST SCOTT STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.