

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90109 027 ***150.00

DOCUMENT # 199/28
1. Entity Name
Florida Homes of Pensacola, Inc**Principal Place of Business** **Mailing Address**
335 Deer Point Dr. P.O. Box 1433
Gulf Breeze, FL 32561 FL 32562**2. Principal Place of Business** **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Gulf Breeze FL **City & State** Gulf Breeze, FL **4. FEI Number** 59-6806308 **Applied For**
Zip 32561 **Country** US **Zip** 32562 **Country** US **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**
marsha Brown
335 Deer Point Dr.
Gulf Breeze, FL 32561
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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** *Marsha Brown*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME MARSHA BROWN STREET ADDRESS 335 DEER POINT DR. CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE COB NAME W.T. Creel STREET ADDRESS 7510 Pontiac Dr. CITY-ST-ZIP Pensacola, FL 32506	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MARSHA C. BROWN STREET ADDRESS 335 DEER POINT DR. CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Marsha Brown* **5/1/2000** **850 9322404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)