## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 244271

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90029 016 \*\*\*150.00

6. N	ame and Address of C	urrent Registered Agent		Name	
Zip	Country	Zip	Cour	ntry	
City & State		City & State			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		
2. Principal Place of Business		3. Mailing Address			
301 N FERDON BLVD CRESTVIEW FL 32536 US		P.O. BOX 1328 CRESTVIEW FL 32536-1328 US			
Principal Place of Bus	iness	Mailing Address			
				u <u>z</u> /*	

|--|

DO NOT WRITE IN THIS SPACE

59-0917752

				Not Applicable	
Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<u>-</u>	•	7. Name and Address of New Re	gistered	Agent	
	Name				
	Street Address (P.O. Box Number is Not Acceptable)				
	City		F	Zip Code	

4. FEI Number

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. (See criteria on back)

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

Trust Fund Contribution.

Added to Fees

Applied For

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARKER.JERRY L NAME STREET ADDRESS STREET ADDRESS 301 N. FERDON BLVD CITY-ST-ZIP CITY-ST-ZIP Crestview Fl ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME PARKER.FRANCIS F. NAME STREET ADDRESS STREET ADDRESS 301 N. FERDON BLVD CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL TITLE ☐ Delete TITI F Change ■ Addition NAME Parker, Patricia e NAME STREET ADDRESS STREET ADDRESS 301 N. FERDON BLVD CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL TITLE Delete TITLE ☐ Change ☐ Addition PARKER, PATRICIA E. NAME STREET ADDRESS STREET ADDRESS 301 N. FERDON BLVD CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL** TITLE ☐ Delete TITLE Change ☐ Addition 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

13. I hereby certify that the information supplied with this filling 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 trusted 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:

4/27/2001

850-682-2519

Date

Daytime Phone #