

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 258496**

1. Entity Name

**DODSON CRADDOCK & BORN INC****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90110 028 \*\*\*150.00

**619873**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4711 SCENIC HWY PENSACOLA FL 32504		Mailing Address 4711 SCENIC HWY PENSACOLA FLA 32504-9018	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-0971009</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FRANK W. CRADDOCK</b> <b>4711 SCENIC HWY</b> <b>PENSACOLA FL 32504</b>		7. Name and Address of New Registered Agent 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 _____ (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. (See criteria on back) <input type="checkbox"/>		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 Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME CRADDOCK, FW STREET ADDRESS 4300 W FRANCISCO RD #8 CITY-ST-ZIP PENSACOLA FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PDS NAME NOLAN, MARY C STREET ADDRESS 2201 SCENIC HWY. #F2 CITY-ST-ZIP PENSACOLA FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME KRIPPES, HARRIET S. STREET ADDRESS 4780 VELASQUEZ PLACE CITY-ST-ZIP PENSACOLA FL		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: <i>Mary C. Nolan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2/23/00</i> Daytime Phone # <i>850/433-8314</i>	

CR2E034 (9/99)