

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90015 006 ***158.75

DOCUMENT # 259429

1. Entity Name
FLORIDA MICROFILM CORPORATION

Principal Place of Business

U.S. HWY.231 SO.
P.O. DRAWER 340
DOTHAN AL 36302

Mailing Address

U.S. HWY.231 SO.
P.O. DRAWER 340
DOTHAN AL 36302

2. Principal Place of Business

696 N. Ferdon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. DRAWER

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

DOTHAN AL

4. FEI Number

59-1008370

☒ Applied For
☐ Not Applicable

Zip

32536

Country

OKALOOSA

Zip

36302

Country

HOUSTON

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLELLAND, ELLEN F
696 N FERDON BLVD
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name **Alice Faye Jackson**

Street Address (P.O. Box Number is Not Acceptable)
696 N Ferdon Blvd

City **Crestview**

FL

Zip Code **32536**

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]

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. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CATRETT, FOX**
STREET ADDRESS **BEVERLYE ROAD**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE **VP** ☐ Delete
NAME **CATRETT, NELDA**
STREET ADDRESS **BEVERLYE ROAD**
CITY-ST-ZIP **DOTHAN AL**

TITLE **ST** ☐ Delete
NAME **MURPHY, GAIL**
STREET ADDRESS **874 OPPERT RD**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-682-2611

CR2E034 (9/01)