## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## **FILED DOCUMENT # 348479** Jan 12, 2000 8:00 am **Secretary of State** OKALOOSA INVESTMENT ENTERPRISES, INC 01-12-2000 90035 033 \*\*\*150.00 Mailing Address Principal Place of Business 1020 FERDON BLVD S. 1020 FERDON BLVD S. CRESTVIEW FL 32536 **CRESTVIEW FL 32536-4510** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1976336 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **WELTON & WILLIAMSON PA** Street Address (P.O. Box Number is Not Acceptable) 1020 FERDON BLVD S. CRESTVIEW FL 32536 Zip Code FL 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 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Addition ☐ Delete TITLE TITLE Williamson, A. Wayne WILLIAMSON, A WAYNE NAME NAME 1020 Ferdon Blud South Cresturew, FL 32536 STREET ADDRESS STREET ADDRESS 1020 FERDON BLVD S. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Sec. Treasurer Mark Welton Change ☐ Addition TITLE ☐ Delete TITI F NAME WETTON, MARK NAME 1020 Ferdon Blud South STREET ADDRESS STREET ADDRESS 1020 FERDON BLVD S. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition - Delete TITLE TITLE NAME 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.

4Jan 2000 682-2120

Date

Daytime Phone #