

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 487721**

1. Entity Name

**TOTAL BUSINESS, INC.****FILED****Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90039 007 \*\*\*150.00

Principal Place of Business

**500 E. HEINBERG ST  
PENSACOLA FL 32501  
US**

Mailing Address

**P O BOX 2767  
PENSACOLA FL 32503**

2. Principal Place of Business

**901 WEST GARDEN ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**PENSACOLA, FL**

City &amp; State

Zip

**32501**

Country

**USA**

Zip

Country

4. FEI Number **59-1634657**

Applied For

Not Applicable

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

Name

**GERALD S. HOWARD**

Street Address (P.O. Box Number is Not Acceptable)

**901 WEST GARDEN ST.**

City

**PENSACOLA**

FL

Zip

**32501**

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOWARD, GERALD S	
STREET ADDRESS	3591 MENENDEZ DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	Gerald S. Howard, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4415 D'Evereux Drive	
STREET ADDRESS	Pensacola, FL 32504	
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, ROSEMARY	
STREET ADDRESS	3591 MENENDEZ DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	Rosemary L. Howard, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4415 D'Evereux Drive	
STREET ADDRESS	Pensacola, FL 32504	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gerald S. Howard***Gerald S. Howard, V.P.****3/16/2001 850.434.2597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)