

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 487721

1. Entity Name  
TOTAL BUSINESS, INC.

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 & State  
*PENSACOLA, FL*

City & 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

HOWARD, GERALD S  
500 EAST HEINBERG STREET  
PENSACOLA FL 32501

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 NAME STREET ADDRESS CITY-ST-ZIP	VP HOWARD, GERALD S 3591 MENENDEZ DRIVE PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald S. Howard, VP 4415 D'Evereux Drive Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, ROSEMARY 3591 MENENDEZ DRIVE PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosemary L. Howard, President 4415 D'Evereux Drive Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, V.P.

3/16/2001 850.434.2597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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

CR2E034 (10/00)