

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 553285**

1. Entity Name

**PENSACOLA PORT OF CALL, INC.****FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90098 021 \*\*\*150.00

003654

Principal Place of Business <b>109 SO. SECOND ST. PENSACOLA FL 32507</b>	Mailing Address <b>109 SO. SECOND ST. PENSACOLA FL 32507</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1820439</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SVIGLIN, BARBARA H. 109 SO. SECOND ST. PENSACOLA FL 32507</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b>	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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSP- Ps D</b> <input type="checkbox"/> Delete <b>SVIGLIN, KRESIMIR C. 406 GREVE RD PENSACOLA FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD- v PSP</b> <input type="checkbox"/> Delete <b>SVIGLIN, BARBARA H. 406 GREVE RD PENSACOLA FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>v PSP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Barbara Sviglin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-8-01 850 456-4406  
Date Daytime Phone #

CR2E034 (10/00)