

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611708

1. Entity Name

OLD PIONEER PROPERTIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90109 029 ***150.00

Principal Place of Business 6450 HERMITAGE DR PENSACOLA FL 32504	Mailing Address 6450 HERMITAGE DR PENSACOLA FL 32504-7043
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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 26-7386717		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIGDON, JERRY W 6450 HERMITAGE DR PENSACOLA FL 32504 (NOTE: Jerry W. Higdon died April 11, 2000)		7. Name and Address of New Registered Agent Name HIGDON, PATRICIA SUE Street Address (P.O. Box Number is Not Acceptable) 6450 HERMITAGE DRIVE Pensacola, FL 32504 City Pensacola FL Zip Code 32504	
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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 Patricia Sue Higdon, DST, PATRICIA SUE HIGDON, APRIL 24, 2000
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 checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HIGDON, JERRY W SR STREET ADDRESS 6450 HERMITAGE DR CITY-ST-ZIP PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete	TITLE PD NAME HIGDON, JERRY W. SR. STREET ADDRESS 6450 HERMITAGE DRIVE CITY-ST-ZIP Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition died, April 11, 2000
TITLE DST NAME HIGDON, PATRICIA SUE STREET ADDRESS 6450 HERMITAGE DR CITY-ST-ZIP PENSACOLA FL 32504	<input type="checkbox"/> Delete	TITLE DST NAME HIGDON, PATRICIA SUE STREET ADDRESS 6450 HERMITAGE DRIVE CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW REGISTERED AGENT
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: Patricia Sue Higdon Title: DST, PATRICIA SUE HIGDON APRIL 24, 2000 area code (850) 476-6544
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Paid 4/24/00 ck. # 10915 \$150.00

CR2E034 (9/99)