2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 687494						FILED Jan 22, 2000 8:00 am Secretary of State				
1. Entity Nam SUTOR,							etary (200 90070 04			
Principal Plac	e of Business	Mailing Address								
- WILLIAM E SMITH. JR 		% WILLIAM E SMITH, JR 1715 E DESOTO STREET PENSACOLA FL 32501-3444								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPA	ACE		
City & Stat	e	City & State			4. F	El Number 59-20295)2	┝━━╋━━┥	plied For ot Applicable	
Zip_	- Country	Zip.,-	Cour	ntry	5. (Certificate of Status Desired		3.75 Add	litional	
	6. Name and Address of Current	Registered Agent	L		7. N	ame and Address of New		<u> </u>		
smith, William E., Jr				Name						
1715	E DESOTO STREET SACOLA FL 32501				Street Address (P.O. Box Number is Not Acceptable)					
FEIN	5400LA FL 32301			City	<u>_</u>		FL	Zip Cod	e	
8. The above	named entity submits this statement fo	or the purpose of changing its	register	ed office or regi	stered age	ent, or both, in the State of F	lorida.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable, (NOT	E: Registere	d Agent signature rac	uired when re	instating)	DATE			
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign F Trust Fund Contributi	~ ~		0 May Be I to Fees	
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OF				
TITLE NAME STREET ADDRESS CITY- ST-ZIP	DVS CAMPBELL, BETTY SMITH 313 VALENCIA ST GULF BREEZE FL	🗋 Delete					L] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SMITH, WILLIAM E, JR 1715 E DEOTO ST PENSACOLA FL	Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITL NAM STRE	E			C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	titl Nam Stre	E			C] Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITL NAM STRE	E .			C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITL NAM STRE	E			C] Change	- 🗋 Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that i owered to execute this report	ny signa as requi	ture shall have t red by Chapter	the same i 607, Florid	egal effect as if made under da Statutes; and that my nar	r oath; that I am	an officer	or director	
SIGNAT		PRINTED NAME OF SIGNING OFFICER		<u>) Венч</u>	<u>y S.(</u>	ampbell Jan	NIATY 14 850 - 9	2000 he Phone #	2327	