

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-12-2001 90429 033 ****61.25

DOCUMENT # 740974

1. Entity Name

PENSACOLA SECTION, INSTRUMENT SOCIETY OF AMERICA

Principal Place of Business

Mailing Address

ATTN: ACTING TREASURE
 1542 HUNTERS CREEK DR.
 CANTONMENT FL 32533
 US

P O BOX 1028
 GONZALES FL 32560-1028
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2349868

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

RAWSON, SONNY
1542 HUNTER'S CREEK DR
CANTONMENT FL 32533

Name

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

City

FL

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
WATSON, TIM
634 SOUTHERN WAY
SPANISH FORT AL 36527 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V/T/D
SONNY RAWSON
1542 HUNTERS CREEK DR
CANTONMENT, FL 32533 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
LISTER, LU
5264 EMERMD DR
PAGE FL 32571 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
LU LISTER
5264 EMERALD DR.
PAGE, FL 32571 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
DENHAM, JIM
211 FAIRPOINT DR
GULF BREEZE FL 32561 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MICHAEL JONES
P.O. BOX 698
CANTONMENT, FL 32533 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SONNY RAWSON

3-9-01

850-712-6818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)