

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90304 006 \*\*\*\*61.25

**DOCUMENT # 740974**

1. Entity Name

**PENSACOLA SECTION, INSTRUMENT SOCIETY OF AMERICA, INC.**

Principal Place of Business

Mailing Address

ATTN: ACTING TREASURER  
 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 PD ☒ Delete  
 NAME LISTER, LU  
 STREET ADDRESS 5264 EMERMD DR  
 CITY-ST-ZIP PACE FL 32571

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

TITLE VTD ☐ Delete  
 NAME RAWSON, SONNY  
 STREET ADDRESS 1542 HUNTERS CREEK DR  
 CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☒ Change ☐ Addition  
 NAME PTD  
 STREET ADDRESS RAWSON, SONNY  
 CITY-ST-ZIP 1542 HUNTERS CREEK DR.  
 CANTONMENT FL 32533

TITLE D ☐ Delete  
 NAME JONES, MICHAEL  
 STREET ADDRESS PO BOX 698  
 CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS WHITTLE, STEVE  
 CITY-ST-ZIP 6402 MEADOW FIELD CIR.  
 PENSACOLA FL 32526

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-02**

Date

**850-712-6818**

Daytime Phone #

CR2E037 (9/01)