

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90108 016 \*\*\*\*61.25

**DOCUMENT # 760263**

1. Entity Name

**PENSACOLA SPECIAL STEPPERS, INC.**

Principal Place of Business

Mailing Address

**BAYVIEW COMMUNITY CEN.  
 20TH & LLOYD STREETS  
 PENSACOLA FL 32503  
 US**

**C/O TERRY KELLEN  
 P.O. BOX 11313  
 PENSACOLA FL 32524-3252  
 4S**

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

**59-2145881**

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

**CHERRY FRANK  
~~257 MAN O WAR CIRCLE~~  
 CANTONMENT FL 32533**

**412 Mayberry St.**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **CROWN, MARIE**  
 CITY-ST-ZIP **8 BESMA DRIVE  
 PENSACOLA FL 32506**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **FAULKENBERRY, BARBARA**  
 CITY-ST-ZIP **3492 MAI KAI DR  
 PENSACOLA FL 32506**

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

TITLE ☐ Delete  
 NAME **SD.**  
 STREET ADDRESS **MCLIN, MARY**  
 CITY-ST-ZIP **942 FAIRWAY DR.  
 PENSACOLA FL 32506**

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

TITLE ☐ Delete  
 NAME **AD**  
 STREET ADDRESS **CHERRY, FRANK G**  
 CITY-ST-ZIP **~~257 MAN O WAR~~  
 CANTONMENT FL 32533**

TITLE ☒ Change ☐ Addition  
 NAME **AD**  
 STREET ADDRESS **Cherry, Frank G.**  
 CITY-ST-ZIP **412 Mayberry St.  
 Cantonment, FL 32533**

TITLE ☐ Delete  
 NAME **FTT**  
 STREET ADDRESS **KELLEN, TERRY**  
 CITY-ST-ZIP **3945 HIDDEN OAK DRIVE  
 PENSACOLA FL 32504**

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:**

*Terry Kellen* **Terry Kellen**

**1/14/02**

**850-477-5946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)