

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764268

1. Entity Name

PENSACOLA-WESTWOOD HOMES DEVELOPMENT CORPORATION
INC.

Principal Place of Business

Mailing Address

AREA HONING COMMISSION
P O BOX 18370
PENSACOLA FL 32523
US

AREA HONING COMMISSION
P O BOX 18370
PENSACOLA FL 32523
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

59-6001285

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

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	SDT	<input type="checkbox"/> Delete
NAME	ROGERS, JOSEPH M	
STREET ADDRESS	1020 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOMBLIN, JUANITA	
STREET ADDRESS	1020 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JUNIOR, WILLIE	
STREET ADDRESS	1920 WEST GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curry, Dolores	
STREET ADDRESS	1920 W. Garden St.	
CITY-ST-ZIP	Pensacola, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Sherman	
STREET ADDRESS	1920 W. Garden St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph M. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Rogers 01-14-2002 850-438-8561
Date Daytime Phone #

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90370 021 ****61.25



DO NOT WRITE IN THIS SPACE

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CP2E037 (9/01)