2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

PENSACOLA FL 32506

PMB 332

38 SOUTH BLUE ANGEL PKWY

F01000002992 DOCUMENT

1. Entity Name

PMB 332

Principal Place of Business

PENSACOLA FL 32506

38 SOUTH BLUE ANGEL PKWY

THE FILING FACTORY, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90239 033 ***150.00

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2. Principal Place of Business 3. Mailing Address 13601 Perdido Key Dr. 13601 Perdido Key Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. □ CHECK HERE IF MAKING CHANGES 1PH3C **1PH3C** City & State City & State 4. FEI Number Applied For 84-0763907 Pensacola, Pensacola. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32507 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALSKI, GLORIA J Street Address (P.O. Box Number is Not Acceptable) 13601 PERDIDO KEY DR, UNIT-1-PH3C---PENSACOLA FL 32507 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. I am familiar with, and accept the obligations of registered agent. 2/3/03 NOTE: Registered Agent signature equired when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition PALSKI, FRANK P NAME NAME 38 SOUTH BLUE ANGEL PKWY, PMB 332 STREET ADDRESS STREET ADDRESS 13601 Perdido Key Drive Unit 1PH3C PENSACOLA FL CITY-ST-ZIP CITY-ST-7IP Pensacola, FL 32507 STD TITLE ☐ Delete TITLE Change ☐ Addition PALSKI, GLORIA J NAME NAME 38 SOUTH BLUE ANGEL PKWY, PMB 332 STREET ADDRESS STREET ADDRESS 13601 Perdido Key Drive Unit 1PH3C PENSACOLA FL CITY-ST-7IP CITY-ST-ZIP Pensacola, FL 32507 ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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:

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