

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58370

Entity Name

S OF NWFLA, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 020 ***150.00

Principal Place of Business KIPLING RD. 15580 PENSACOLA FL 32514	Mailing Address 8183 KIPLING RD. P.O. BOX 15580 PENSACOLA FL 32514-0580
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 504 NORTH CREEK DR Suite, Apt. #, etc.	3. Mailing Address 504 NORTH CREEK DR Suite, Apt. #, etc.
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City & State PENSACOLA, FL	City & State PENSACOLA, FL	4. FEI Number 59-2142376	Applied For <input type="checkbox"/> Not Applicable
Country USA	Zip 32514	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORTON, RICHARD D 504 NORTH CREEK DR. PENSACOLA, FL 32514	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Corporation is eligible to satisfy its Intangible filing requirement and elects to do so. <input type="checkbox"/> See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP MORTON, RICHARD D 504 NORTH CREEK DR. PENSACOLA, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 furnished 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	2/18/00 (850) 477-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (9/99)