2001 UNIFORM BUSINESS REPORT, (UBR)

Jul 31, 2001 8:00 am Secretary of State **DOCUMENT #** F58370 1. Entity Name 07-13-2001 90003 013 ***500.00 PFS OF NWFLA, INC. 07-31-2001 90012 028 ****50.00 Principal Place of Business Mailing Address 504 NORTHCREEK DR 504 NORTHCREEK DR PENSACOLA FL 32514 PENSACOLA FL 32514 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2142376 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Ш Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ MORTON, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 504 NORTH CREEK DR. PENSACOLA FL 32514 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 arrent and little if applicable (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (5/01) TITLE ☐ Addition TITLE ☐ Delete MORTON, RICHARD D NAME NAME 504 NORTH CREEK DR. STREET ADDRESS STREET ADDRESS PENSACOLA, FLA 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY STATE CITY-ST-7IP Delete TITLE ☐ Addition TITLE KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITS E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 11 or Block 12 if changed, or on an attachment with an address, with all officer like diffusions. 7/10/01(825),477-6454

FILED



July 13, 2001

PFS OF NWFLA, INC. 504 NORTHCREEK DR PENSACOLA, FL 32514 US

Subject: PFS OF NWFLA, INC.

Reference F58370
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$500.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG ANNUAL REPORTS SECTION