

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005357

1. Entity Name
BOND & BOTES PENSACOLA P.C.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90383 026 ***150.00

Principal Place of Business
700 SOUTH ~~PALAFIX~~ STREET
SUITE 310
PENSACOLA FL 32501
PALA FOX

Mailing Address
PO BOX 1393
PENSACOLA FL 32596-1393

00046160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 South PALAFOX STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3341329

Applied For
Not Applicable

Zip Country

Zip Country

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

BOTES, BRADFORD W.
700 SOUTH ~~PALAFIX~~ STREET
SUITE 310
PENSACOLA FL 32501
PALAFOX

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	600 BOTES, BRADFORD W			NAME	600		
STREET ADDRESS	700 UNIVERSITY PARK PLACE, SUITE 310			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35209-6778			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	600 BOTES, MARK W			NAME	BOND, MARK W.		
STREET ADDRESS	700 UNIVERSITY PARK PLACE, SUITE 310			STREET ADDRESS	600		
CITY-ST-ZIP	BIRMINGHAM AL 35209-6778			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYKSTUS, RONALD C			NAME			
STREET ADDRESS	415 CHURCH STREET, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	HUNTSVILLE AL 35801			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IFSHIN, JANNA L PALAFOX			NAME			
STREET ADDRESS	700 SOUTH PALAFIX STREET, SUITE 310			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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), 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)