## 2002 UNIFORM BUSINESS REPORT (UBR)

	The state of the s		)	
, )	02 MAY -	I AMI	D: 38	
XA	SECRETA	RY OF S	TATE	
700	TALLAHAS	SEE, FL	.ORIDA	
200	WRITE	NRA	R	1111111111
4. FEI Number	72-1387392			olied For
<u> </u>			.75 Addi	
<ol><li>Certificate of St.</li><li>Name and Add</li></ol>			Required	<u></u>
7. Hame and Add		<u> </u>		
O. Box Number is i	Not Acceptable)			
		FL	Zip Code	
d agent, or both, in	the State of Florid	ia.		
		۷		
rhen reinstating)		DATE		
	i Campaign Finan ind Contribution.	icing		May Be to Fees
ADDITIONS/CHA	NGES TO OFFICE			IN 11
		٠.	] Change	Addition
			_	Addition
10	:00005 -06/25 ****1	40201	062	:009
		50.00 <u> </u>	] Change	Addition
		<u>×</u>	Change	☐ Addition
4 HIGHWA	459 AI	•	•	

DOCUMENT # <b>F9900004861</b>	
1. Entity Name	
PICARD REALTY RENTALS, INC.	

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

25350 PERDIDO BEACH BLVD ORANGE BEACH AL 36561

PO BOX 2576 ORANGE BEACH AL 36561

Country

2002 WRIT NB	3	) 	

6. Name and Address of Current Registered Agent

Country

PICARD, ANN 17287 PERDID KEY DRIVE PENSACOLA FL 32507

9. This corporation is eligible to satisfy its Intangible

4141 INDIAN BAYOU N.

21625-SHOALWATER-DRIVE

ORANGE BEACH AL 36561

DESTIN FL 32541

KING, MILLIE E

Tax filing requirement and elects to do so.

SD

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIF

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

MAME

TITLE

NAMÉ

Street Address (P.O. Box Number is Not

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

(See criteria on back) ADDITIONS/CHANG OFFICERS AND DIRECTORS 11. TITLE Delete THILE NAME PICARD, ANN MAME STREET ADDRESS 31625 SHOALWATER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE BEACH AL 36561 ☐ Delete TITLE WC RILL 100 NAME BARBER, THOMAS G NAME STREET ADDRESS STREET ADDRESS 210 THRYER AVE CITY-ST-ZIP

CITY-S1-ZIP PENSACOLA FL 32507 Delete TITLE MCCABE, JOHN N JR

Delete

☐ Delete

☐ Delete

STREET ADDRESS CITY - ST - ZIP TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

6194 HIGHWAY S9 APT. GULF SHORES, AL. 36:

542	<u>-</u>
<u> </u>	Change

☐ Change	Adoition

☐ Cnange	Addino

TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I nereby 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 ecorporation 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:

THOMAS G. BARBER 4/04/01 (334)981-2683

CR2E034 (10/00)