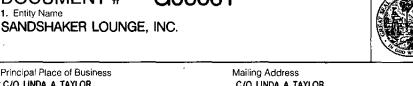
Apr 28, 2003 8:00 am \$ Secretary of State

04-28-2003 91286 038 \*\*\*150.00

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CUMENT	# G	0666	1



2003 FOR PROFIT CORPORATION

Principal Place of Bu		Mailing Address C/O LINDA A TA									
731 PENSACOLA BEACH		731 PENSACOLA BEACH BLVD PENSACOLA BEACH FL 32561									
2. Principal Place of		3. Mailing Addre									
Suite, Apt. #, etc.		Suite, Apt. #, e	itc.								
City & State		City & State									
Zip	Country	Zip	Country								
6.	Name and Address of Ci	rrent Registered Agent									

11023363



	☐ CHECK F	1686 It	MAKING	CHANGES
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City & State City & State					4. FEI Number 59-2254673	Applied For Not Applicat	Applied For Not Applicable				
Zip	Country	Zip	Coun	try	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						
				Name							

EPORT (UBR)

MURPHY, LINDA TAYLOR 4 DANIETHO DO

IIII PANFENU UK.
31 PENSACOLA BEACH BLVD.
PENSACOLA BEACH FL 32561

Street Address (P.O.: Box Number is Not Acceptable)	

4. FEI Number

City								F	L	Z	ip Cod	е	
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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.

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Applied For

Trust Fund Contribution. 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 MURPHY, LINDA TAYLOR NAME NAME 1111 PANFERIO DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WELLS, YOLANDA NAME STREET ADDRESS STREET ADDRESS 2768 OLA BROXSON CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL ☐ Delete TITLE TD TITLE Change Addition NAME DICKERSON, INA NAME STREET ADDRESS 1124 NESTLING COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Addition\_ TITLE Delete -TITLE . Change\_ RANDALL, PAMELA NAME NAME STREET ADDRESS 200 CAMELIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

Daytime Phone #