## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # G51651** May 15, 2000 8:00 am 1. Entity Name Secretary of State LUCO EQUITIES, INC. 05-15-2000 90163 004 \*\*\*150.00 Mailing Address Principal Place of Business COLONIAL BANK CENTRE P.O. BOX 160306 MOBILE AL 36616-1306 41 NORTH BELTLINE HIGHWAY MOBILE AL 36608-1201 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0853187 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPUS, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD #18 PENSACOLA FL 32503-4350 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE SAINT, JOHN B NAME NAME STREET ADDRESS 41 NORTH BELTLINE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608-1201 ☐ Addition ☐ Change ☐ Delete TITLE TITLE STETAN, CHESTER J NAME NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608-1201-Change ☐ Addition ☐ Defete TITLE KELLY, DONALD P JR NAME NAME STREET ADDRESS 41 NORTH BELTLINE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608-1201 Change ☐ Addition ☐ Delete TITLE TITLE WESCH, PAUL D C NAME NAME 41 NORTH BELTLINE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MOBILE AL 36608-1201 ☐ Addition ☐ Change TITLE ☐ Delete TITLE VΤ ISHEE, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608-1201 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CAMPUS, JOSEPH J III NAME STREET ADDRESS 41 NORTH BELTLINE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608-1201 13. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

ME OF SIGNING O

ICER OR DIRECTOR