2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} **DOCUMENT # H49412** Jul 10, 2000 8:00 am 1. Entity Name **Secretary of State** LOWER FORTY-EIGHT, INC. 07-10-2000 90012 020 ***150.00 Mailing Address Principal Place of Business % JOYCE BEARD JOYCE BEARD 10366 MERCER LANE 0360-MERCER-LANE PENSACOLA FL 32514-1560 PENSACOLA FL-82514:4560 2. Principal Place of Business 3. Mailing Address 304 Mount Airy St. 304 Mount Airy St. Cantonment, FL 32533 DO NOT WRITE IN THIS SPACE Cantonment, FL 32533 Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 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 Joyce B. Beard BEARD, JOYCE eptable) Stre 304 Mount Airy St. 10366 MERCER LAND Cantonment, FL 32533 PENSAGOLATEL Zip Code City 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. Joyce B. Beard SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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. CR2E034 (9/99 ☐ Addition DPT Delete TITLE アタク Change TITLE Joyce B. Beard BEARD, JOYCE NAME NAME 304 Mount Airy St. 10366 MERCER LANE STREET ADDRESS STREET ADDRESS Cantonment, FL 32533 CITY-ST-7IP CITY-ST-ZIF PENSACOLA FI Delete Change ☐ Addition TITLE TITLE Joyce B. Beard BEARD, JOYCE NAME 304 Mount Airy St - . * STREET ADDRESS STREET ADDRESS 10366-MERCER LANE Cantonnient, FL 32533. CITY-ST-ZIP CITY - ST - 7IP Pensacola fl Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Addition ππε ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Joyce B. Beard SIGNATURE: