

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55364

1. Entity Name

N44621, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90118 021 ***150.00

Principal Place of Business

Mailing Address

201 LAURA LANE
GULF BREEZE FL 32561
US

201 LAURA LANE
GULF BREEZE FL 32561-4043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

JEHLE, DONALD P
49 EAST CHASE ST
PENSACOLA FL 32501

Name **THEODORE F. ELBERT**

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

201 LAURA LANE

City **GULF BREEZE**

FL

Zip Code **32561**

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

Theodore F. Elbert
Signature, typed or printed name of registered agent and true if applicable.

Director
(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, 2000 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 **VD** ☐ Delete
NAME **ELBERT, THEO F III**
STREET ADDRESS **201 LAURA LANE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSD** ☒ Delete
NAME **JEHLE, DON**
STREET ADDRESS **4227 N. DAVIS HIGHWAY BLDG. A**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JERNIGAN, G. STEVE**
STREET ADDRESS **102 E. GARDEN STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSD** ☐ Delete
NAME **HUGH HARRISON**
STREET ADDRESS **4 FAIRPOINT PLACE**
CITY-ST-ZIP **GULF BREEZE, FL**

TITLE ☐ Change ☒ Addition
NAME **HUGH HARRISON**
STREET ADDRESS **4 FAIRPOINT PLACE**
CITY-ST-ZIP **GULF BREEZE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

Theodore F. Elbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00
Date

850 932-2744
Daytime Phone #

CR2E034 (9/99)