## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# H55364

Entity Name: N44621, INC.

City-St-Zip:

PENSACOLA, FL

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
201 LAUR. GULF BRE	A LANE EEZE, FL 32561	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
201 LAUR. GULF BRE	A LANE EEZE, FL 32561	US			
FEI Number:	:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
201 LAUR.	THEODORE F A LANE EEZE, FL 32501	US			
	e named entity su e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
	mpaign Financing	Trust Fund Contribution().	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () E ELBERT, THEO F 201 LAURA LANE GULF BREEZE, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TSD () E HARRISON, HUG 4 FAIRPOINT PL PENSACOLA, FL	ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PD () [ JERNIGAN, G. S <sup>*</sup> 102 E. GARDEN		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THEODORE F. ELBERT VD 01/13/2003