

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 012 ***150.00

DOCUMENT # H63207

1. Entity Name

FIDDLESTIX OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

**4400 BAYOU BLVD
 SUITE 3
 PENSACOLA FL 32503
 US**

**C/O EDEL F. MATTHEWS
 308 S. JEFFERSON ST.
 PENSACOLA FL 32501-5969**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2555856

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

**MATTHEWS, EDEL F., JR.
 308 SOUTH JEFFERSON STREET
 PENSACOLA FL 32501**

Name

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

City

FL

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

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

(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PALLIN, LINDA L.	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 4400 BAYOU BLVD, STE 3		STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL		CITY-ST-ZIP:	
NAME: ZORN, LYNNE T.	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 4400 BAYOU BLVD, STE 3		STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL		CITY-ST-ZIP:	
NAME: RAGAN, SUSAN M.	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 4400 BAYOU BLVD, STE 3		STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL		CITY-ST-ZIP:	
NAME: GUP, DIANE G.	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 4400 BAYOU BLVD, STE 3		STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *[Handwritten Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

850 478 8304

Daytime Phone #

CR2E034 (9/99)