## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 06, 2000 8:00 am Secretary of State **DOCUMENT # H79330** PAT GUIDRY AGENCY, INC. 07-06-2000 90008 015 \*\*\*150.00 Principal Place of Business Mailing Address 225 MAIN ST 225 MAIN STREET 880011V-STE. 10 STE. 10 DESTIN FL 32541 **DESTIN FL 32541-2550** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2587472 Not Applicable \$8.75 Additional Zip Country 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 GUIDRY, PATRICIA A. Street Address (P.O. Box Number is Not Acceptable) 225 MAIN STREET STE. 10 DESTIN FL 32541 Zip Code FL 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 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 11. PST ☐ Addition ☐ Change TITLE TITLE ☐ Delete GUIDRY, PATRICIA A. NAME NAME STREET ADDRESS STREET ADDRESS 225 MAIN ST, STE. 10 CITY-ST-ZIP CITY-ST-ZIP **DESTIN**, 32541 Addition ☐ Change TITLE ☐ Delete NAME GUIDRY, ROLAND D. STREET ADDRESS 225 MAIN ST, STE 10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Delete TITLE Addition TITLE 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-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 prirustee empowered to explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with based direct so with afforded in the property of the property with a statute of the property with a s

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00

(850) 837-576/

Daytime Phone #