

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90105 017 ***150.00

0503037 AT

DOCUMENT # J48966

1. Entity Name
OCTOBER 16, INC.

Principal Place of Business Mailing Address
P.O. BOX 1952 **P.O. BOX 1952**
PENSACOLA FL 32589 **PENSACOLA FL 32589**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2747651 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

PHELPS, TRACY A
6120 PENSACOLA BLVD.
PENSACOLA FL 32505

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PTD	PHELPS, J. FRASIER II	6120 PENSACOLA BLVD PENSACOLA FL	<input type="checkbox"/>	Delete
	VSD	PHELPS, TRACY ANN	6120 PENSACOLA BLVD PENSACOLA FL	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
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				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

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: *Tracy Phelps* **TRACY A. PHELPS** **4-30-02** **(850)477-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)