2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # J61924 1. Entity Name 03-28-2002 90143 008 ***150.00 SOUTHERN DEVELOPMENT OF PENSACOLA, INC. Principal Place of Business Mailing Address % GARY WATSON %GARY WATSON 1407 N BAYLEN ST 1407 N BAYLEN ST PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address 308 N. BARCELONA ST 1308 N. BARCELOWA ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2800658 tonsoul4 PENKAGOLA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US 3250l-2002 32501-2002 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATSON, GARY Street Address (P.O. Box Number is Not Acceptable) -1407 NORTH BAYLEN ST PENSACOLA FL 32501 1308N. BARCELONA Zip Code 32 501-2002 8. The above named entity & bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3/17/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WATSON, GARY NAME NAME 1308 N. Barcelona St. 1407 NORTH BAYLEN ST STREET ADDRESS STREET ADDRESS PENSACOLA FL-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **GUY, RONALD** NAME NAME STREET ADDRESS 2708 ASHBURY LANE STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 supplied ental 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 13. I hereby certify that the information changed, or on an attachment v

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