

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90401 001 ***211.25

DOCUMENT # J83123



1. Entity Name
NORTHWEST FLORIDA FACILITIES MANAGEMENT, INC.

Principal Place of Business
**137 ELLGIN PARKWAY SE
FT. WALTON BEACH FL 32548
US**

Mailing Address
**137 ELLGIN PARKWAY SE
FT. WALTON BEACH FL 32548
US**

2. Principal Place of Business
137 EGLIN PKWY. SE

3. Mailing Address
137 EGLIN PKWY, SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
FT. WALTON BEACH, FL

City & State
FT. WALTON BEACH, FL

4. FEI Number **59-2840927**

Applied For
 Not Applicable

Zip
32548

Country
OKALOOSA

Zip
32548

Country
OKALOOSA

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

**TAVEPRUNGSENUKUL, SARAS
137 EGLIN PARKWAY SE → EGLIN
FT. WALTON BEACH FL 32548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS TAVEPRUNGSENUKUL, SARAS 137 EGLIN PARKWAY SE FT. WALTON BEACH FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/03 (850) 244-2388
Date Daytime Phone #

CR2E034 (10/02)