

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

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90376 037 \*\*\*150.00

DOCUMENT # **K81450**

1. Entity Name

**Square Ring, Inc.**

**DO NOT WRITE IN THIS SPACE**

**123012**

2. Principal Place of Business  
**403 S. Palafox St.**

3. Mailing Address  
**403 S. PALAFOX ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**59-2961157**

Applied For  
Not Applicable

Zip  
**32501**

Country  
**USA**

Zip  
**32501**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name  
**WILLIAM E. FARRINGTON III**

Street Address (P.O. Box Number is Not Acceptable)  
**307 S. Palafox St.**

City  
**Pensacola**

**FL**

Zip Code  
**32501**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
**President / Secretary / Treasurer / Director**  
NAME  
**Roy Jones, Jr.**  
STREET ADDRESS  
**403 S. Palafox St.**  
CITY- ST- ZIP  
**Pensacola, FL 32501**

TITLE  
**Secretary**  
NAME  
**Linda Padgett**  
STREET ADDRESS  
**403 S. Palafox St.**  
CITY- ST- ZIP  
**Pensacola, FL 32501**

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/26/02**

**(850) 433-8292**

Date

Daytime Phone

CR2E034B (12/01)

*Attachment*

**SQUARE RING, INC.**

403 SOUTH PALAFOX STREET \* PENSACOLA, FLORIDA 32501

PHONE: (850) 433-8292

FAX: (850) 433-7788

*#K 81450*

*123012*

July 26, 2002

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

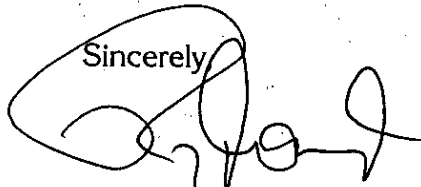
RE: Square Ring, Inc.

Dear Sir or Madam:

Enclosed please find the Uniform Business Report form for 2002 regarding the above-referenced corporation. As I never received the initial or second notice due to a change of address, I ask that you waive the late fee of \$400.00 and please accept the enclosed report along with a check in the amount of \$150.00.

Thank you.

Sincerely



ROY JONES, JR.  
Director of Square Ring, Inc.