2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L28842 DOCUMENT



FILED Mar 05, 2003 8:00 am

DOCUMENT 1. Entity Name CU PERSONNEL		2		Secretary 0 03-05-2003 90077 03	
Principal Place of Business 6723 PLANTATION RD. PENSACOLA FL 32504 US		Mailing Address PO BOX 15698 6708 PLANTATION ROAD PENSACOLA FL 32514 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 15698 Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		Pensacola	, FL	4. FEI Number 59-2977709	Applied For Not Applicable
Zip	Country	zip 32514 Cou	ntry USA		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDRUM, H. BRITT, JR. 6723 PLANTATION RD PENSACOLA FL 32514			Name Street Address (P.O. Box Number is Not Acceptable)		
		City	FL	Zip Code	
the obligations of regis			red office or register	ed agent, or both, in the State of Florida. I am fa	amiliar with, and accept
After May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10	OFFICERS AND I	DIRECTORS 11		ADDITIONS/CHANGES TO DEFICERS AND	DIRECTORS IN 11

Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTOR	is .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Landrum, H Britt, Jr. 6723 Plantation Rd. Pensacola Fl 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Landrum, Elizabeth n D 6723 Plantation RD Pensacola Fl 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Landrum, Elizabern N. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	Perkins Michael A. 6723 Plantation Road pensucola, Fz 32504
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition