

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90015 004 \*\*\*150.00

**DOCUMENT # L83210**

1. Entity Name

**T & S OF PENSACOLA, INC.**

Principal Place of Business

**5684 HERMOSA CIR  
PENSACOLA FL 32526-2016**

Mailing Address

**5684 HERMOSA CIR  
PENSACOLA FL 32225-5226**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**12061 Saverio Lane**

Suite, Apt. #, etc.

City & State

**City & State  
Jacksonville, FL**

Zip

Country

**Zip  
32225**

Country

4. FEI Number **59-3013546**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, BRYAN  
5684 HERMOSA CIR  
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **PD** ☐ Delete  
NAME **OWENS, BRYAN**  
STREET ADDRESS **5684 HERMOSA CIR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **STD** ☐ Delete  
NAME **OWENS, TERRI**  
STREET ADDRESS **5684 HERMOSA CIR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Terri Wood**  
STREET ADDRESS **12061 Saverio Lane**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Terri Wood**

**904-564-9264**

Date

Daytime Phone #