2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURES

2000 UNIFORM BUSINESS REPORT (UBR)						APPROVED AND				
DOCUMENT # L9800000391					FÎLED					
1. Entity Name PANHANDLE P.A.L.S. ENTERPRISES, L.C.					00 MAY 11 PM 3: 42					
						SECRETARÝ	OF STA	TE		
Principal Plac 1204 CATHLES GULF BREEZE	en drive	Mailing Address P.O. BOX 12732 PENSACOLA FL 32575-273	-			TALLAHASSE	E, FLOR	IDA		
2. Principal P	Place of Business	3. Mailing Address						Janes fille i		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State			4. FEI Number 59-3490644 Applied For Not Applicable					
Zip	Country	Zip	Country	,	5. Certificate of Status Desired \$5.00 Additiona Fee Required					
	6. Name and Address of Curren	t Registered Agent			7. Name	and Address of New Regi	stered Age	nt		
GRAN, AUSTIN B ESQ.				Name						
1501 NORTH 9TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
PENSACOLA FL 32503				City FL Zip Code						
8. The above	named entity submits this statement f	for the purpose of changing its	registered	office or registere	ed agent, or	both, in the State of Florida				
••	,	-, a.e. p	3	3	J .					
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered A	gent signature required	when reinstating	i)	DATE			
		FILE NO Make Check Pay		E IS \$50.00 Department of	State				1000	
9.	MANAGING MEMI	L BERS/MEMBERS	10.		- 1	ADDITIONS/CH	ANGES			
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR Tyson, Sallie A 1204 Cathleen Drive Gulf Breeze Fl 32561	☐ Deleta	TITLE MAME STREET CITY- ST	ADDRE88		3000032 -06/06/ ******	2790 1001	109	-009 *50.00	
TITLE NAME STREET ADDRESS CFTY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS :				Change	Addition (
TITLE	المراضية الم	Deista	TITLE - RAME STREET CITY-ST	ADDRESS	in the second	SH 701 1	٠. [Change _	■ Adultion	
TITLE NAME STREET ADDRESS CUTY- ST- ZUP		Delete	TITLE NAME STREET CITY- ST	ADDRESS	,			Change	Addition	
TITLE NAME STREET ADDRESS CITY-8T-ZIP	.3	☐ Delets	TITLE MARIE STREET CITY- SI	ADDRESS I- ZIP		<i>(</i> -		Change	Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZP		☐ Deleta	TITLE MAME STREET CETY- 81	ADDRESS I- ZIP				Change	Addition	
11. I hereby of indicated	I certify that the information supplied wi I on this report is true and accurate an ability company or the receiver or trust	d that mv signature shall have t	the same le	egal effect as if m	iade under i	oath; that I am a managing	rther certify member of	that the in manager	iformation r of the	