

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90036 045 ****61.25

DOCUMENT # N00000003535

1. Entity Name

MANY NATIONS, INC.

Principal Place of Business

**77 JONES AVE
 MILTON FL 32570**

Mailing Address

**77 JONES AVE
 MILTON FL 32570**

2. Principal Place of Business

6395 N Blue Angel Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Suite, Apt. #, etc.

Zip **32526**

Country **USA**

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, ANGELA J
 77 JONES AVE
 MILTON FL 32570**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **OJIBWAY, STEVEN J**
 STREET ADDRESS **P O BOX 45287**
 CITY-ST-ZIP **HERTEL WI 54845**

TITLE **D** ☐ Delete
 NAME **HENDERSON, CANDANCE**
 STREET ADDRESS **2068 HEALTHCARE AVE**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **D** ☒ Delete
 NAME **MCGRAW, ROBERT J**
 STREET ADDRESS **6395 BLUE ANGEL PARKWAY**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☐ Delete
 NAME **PETTIS, JULIE**
 STREET ADDRESS **P O BOX 45287**
 CITY-ST-ZIP **HERTEL WI 54845**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **SMERRILL DAVID**
 STREET ADDRESS **P.O BOX 45287**
 CITY-ST-ZIP **HERTEL, WI 54845**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **ELMER JAN EMERY**
 STREET ADDRESS **P.O BOX 45287**
 CITY-ST-ZIP **HERTEL, WI 54845**

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

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 617, 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:

Candance Henderson

4/30/01

850-939-1200

CR2E037 (10/00)