2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008129

Entity Name: PENSACOLA UMPIRES ASSOCIATION INC.

FILED Apr 14, 2003 Secretary of State

P.O. BOX 9263 PENSACOLA, FL 32513-926 Current Mailing Address: P.O. BOX 9263 PENSACOLA, FL 32513-926			New Prir	New Principal Place of Business: P.O. BOX 9263 PENSACOLA, FL 32513 New Mailing Address: P.O. BOX 9263 PENSACOLA, FL 32513		
			New Mai			
FEI Number	: 04-3722101	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:		
BISCEGLIO, DAVID A 2275 SCENIC HIGHWAY # 112 PENSACOLA, FL 32503			2201 SCE # B-4	BISCEGLIO, DAVID A 2201 SCENIC HIGHWAY # B-4 PENSACOLA, FL 32503		
	e named entity : e of Florida.	submits this statement for the p	purpose of changing	ı its registered	office or registered agent, or both,	
SIGNATURE:				04/14/2003		
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () OVERMAN, JAC 4518 BOHEMIA PENSACOLA, F	A PLACE	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BISCEGLIO, DA	HIGHWAY #112	Title: Name: Address: City-St-Zip:	BISCEGLIO, 1 2275 SCENIO	HIGHWAY #112	
Title: Name: Address: City-St-Zip:	D () COOK, BILL 4556 FORSYTH BAGDAD, FL 3		Title: Name: Address: City-St-Zip:	·) Change () Addition	
Title: Name:) Delete	Title: Name:	() Change () Addition	
Address: City-St-Zip:	GONZALES, AL 5701 HERMOS PENSACOLA, F	A CIRCLE	Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A BISCEGLIO S 04/14/2003