FILED Apr 09, 2002 8:00 am Secretary of State 03-11-2002 90088 008 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 101340					
909 East Building Condominium Association, and					<i>"</i> ♥'
DO NOT V	VANTE IN THIS S	PAGE	·		
909 East Corventes St 909 East Corventes St Sulte, Apr. 1, etc.		DO NOT WRITE IN THIS SPACE			
Pensacola Zio Country	Civa Suxo Pensacola	:	4. FEI Number 59 -0603	121	Applied For Not Applicable
Zip Country		Country U.J.	Certificate of Status Desired	□ \$8.7 !	5 Additional equired
			7. Name and Address of Current	Registered Agent	-
DO M	O. Box Number is Not Acceptable)				
HT KILL STATE	OT WANTE IS SPACE	909 Eas	t Cocupates 3t		
		city Pens	ocolá	FL Zig	Code 3 350 J
8. The above named entity submits this	s statement for the purpose of changing its	registered office or register	ed agent, or both, in the State of Flor	ida.	·
SIGNATURE Signature, typed or printed name of registered sperc and tide if epolicable. (NOTE: Registered April signature required when renstating) DATE					
9. This corporation is eligible to satisfy Tax filing requirement and elects to (See criteria on back)	do so.	5/9 (2016 SENO) 1(120 6 SENO) 1(123 6 SENE 12(0 6 SENO)	10. Election Campaign Fina Trust Fund Contribution.	· ~ ~ •	5.00 May Be added to Fees
11. OF	FICERS AND DIRECTORS				
STREET ADDRESS 909 East Cer GTY-57-20 Pensacola	chardoon Tuantes 3t FL 38501	CHAPTES CHAPTES CHAPTES			ORZE034B (12/01
MANE VICE Preside	ent D	COLE COLE SHEEKOOLESS			ORZE
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STREET ADDRESS 909 EAST	Celvantes	CONTROL STATE OF THE PARTY OF T	DO MOT	Meine	
	· Fla. 32501			45/4GB	
STREET ADDRESS CITY-ST-ZIP	·C	ELECTION STREET			
TITLE NAME		uit:			
STREET ADDRESS CITY-ST-ZP		SHOP CORES			
TITLE NAME STREET ADDRESS		IIIII Comi Siesayoosko		,	ESTAIN AND THE
13. Thereby certify that the information s	Singular with this films does not availe for	GIV SPUP	No. 110.07(7)(0. Foods See 5.15		
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath: that I am an officer or director of the corporation or the receiver or instead empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J22/02/850-438-1/4/6 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dáts Organis Prices d					
					