

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90044 016 ****61.25

DOCUMENT # N21371

1. Entity Name

SEVILLE SERTOMA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 385
 PENSACOLA FL 32595-0385
 US

P.O. BOX 385
 PENSACOLA FL 32592-0385
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2832786

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, J.D.
30 S SPRINGS ST
PENSACOLA FL 32501

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD**
 STREET ADDRESS **BRADSHAW, NELSON**
 CITY-ST-ZIP **2660 BAY ST**
GULF BREEZE FL

TITLE Delete
 NAME **SD**
 STREET ADDRESS **CARR, TINA**
 CITY-ST-ZIP **157 RUSS DR**
GULF BREEZE FL 32561

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **CARRSON, ED**
 CITY-ST-ZIP **2221 DUPONT DR**
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 Change Addition
 NAME **PRESIDENT/DIRECTOR**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **CHAIRMAN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TIGASWEEY, DIRECTOR**
 STREET ADDRESS **ILONA BOALISH FLEMING**
 CITY-ST-ZIP **316 S. BAY LEW ST., SUITE 200**
PENSACOLA, FL 32501

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 850 435 1286

Date

Daytime Phone #