1002

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 11, 2002 8:00 am **DOCUMENT # N29008** 1. Entity Name **Secretary of State** DUGOUT NO. 271, SECTOR OF FLORIDA, NATIONAL ORDE 02-11-2002 90108 001 \*\*\*\*61.25 R OF TRENCH RATS, INCORPORATED Principal Place of Business Mailing Address % LARRY O. KYSER % LARRY O. KYSER 1701 BAINBRIDGE AVE. 1701 BAINBRIDGE AVE. PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Heine Chor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 749 Windernere 7/200 City & State & State 4. FEI Number Applied For 59-2948993 oce Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32571 Santa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KYSER, LARRY O. 1701 BAINBRIDGE AVENUE PENSACOLA FL 32507 8. The above named entity of omits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE egistered Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Ĭ. 🗆 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD (9/01) TITLE ☐ Delete TITLE ☐ Change Addition NAME KYSER, LARRY O. NAME STREET ADDRESS CR2E037 7115 PRINCESS LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32526 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, CARL H SR. NAME NAME STREET ADDRESS 6911 OLSEN ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL 32506 TITLE ☐ Delete TITLE Change Addition FERGUSON, HARMON S NAME NAME STREET ADDRESS STREET ADDRESS 5132 MULDOON STREET CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 D۷ TITLE ☐ Delete Change TITLE ☐ Addition NAME vance, george w NAME STREET ADDRESS 121 SPRINGWOOD CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 TITLE PCD Delete ☐ Change TITLE ☐ Addition NAME DEAN, GLENNIS C NAME STREET ADDRESS 2903 LONGLEAF DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 TITLE DV ☐ Delete TITLE ☐ Change ☐ Addition NAME HEINEY, CHARLES E NAMÉ STREET ADDRESS **5749 WINDERMERE TRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PACE FL 32571** 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 accusate 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 appears with all of the fike empowered.