

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90260 021 ****61.25

DOCUMENT # N46734

1. Entity Name
PENSACOLA/GULF BREEZE MUFON, INC.



Principal Place of Business

**2300 HALLMARK DR
PENSACOLA FL 32503**

Mailing Address

**2300 HALLMARK DR
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3115179**

Applied For

Not Applicable

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

**HUFFORD II, ARTHUR D.
2300 HALLMARK DR
PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUFFORD, ARTHUR D II	
STREET ADDRESS	2300 HALLMARK DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALAN, ABEL	
STREET ADDRESS	PO BOX 665	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ECKERT, BOOTS	
STREET ADDRESS	884 WYNNEHURST ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ID	<input type="checkbox"/> Delete
NAME	WAYNE, BEITH	
STREET ADDRESS	90 WOODWARD STREET	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arthur D. Hufford II **ARTHUR D. HUFFORD II** 4/29/03 850-438-5863

CR2E037 (10/02)