2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # N9600001076 1. Entity Name **Secretary of State** STARBASE ATLANTIS, INC. 02-05-2002 90048 021 ****61.25 Principal Place of Business Mailing Address **NAVAL AIR STATION** P.O. BOX 1104 BLD 1907 PENACOLA FL 32595 PENSACOLA FL 32508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3369819 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACKSON, PATRICK L 101 EAST GOVERNMENT ST PENSACOLA FL 32501 City Zip Code FL 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 🖔 🦫 Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete ☐ Change Addition TITLE TITLE WRIGHT, TIM NAME NAME STREET ADDRESS STREET ADDRESS 4 PORT ROYAL WAY CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32501 TITLE ☐ Delete TITLE ☐ Change ■ Addition JACKSON, PATRICK L NAME NAME STREET ADDRESS STREET ADDRESS 101 E GOVERNMENT ST CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32501 TITLE ☐ Delete TITLE ☐ Change Addition WINDHAM, PAT NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 110 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32591 ☐ Change Addition TITLE ☐ Delete NAME Baker, Dick STREET ADDRESS STREET ADDRESS 17 S. PALA FOX STE 394 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete ☐ Change ☐ Addition RITCHIE, MR BUZZ NAME STREET ADDRESS 316 S. BAYLEN ST., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete TITLE ☐ Change ☐ Addition COBB. LINDA NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

DIUBUNUZ REDICKRBAKEN IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IWHITNEY NATIONAL BANK - 6200 N. DAVIS HWY

PENSACOLA FL 32504

1/16/02 850-434-5336