

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90006 021 ***150.00

DOCUMENT # P00000041489

1. Entity Name

MOULTON MCEACHERN & WALKER, P.A.

Principal Place of Business

**25 WEST CEDAR STREET SUITE 400
 PENSACOLA FL 32501**

Mailing Address

**PO BOX 12426
 PENSACOLA FL 32582**

2. Principal Place of Business

5041 Bayou Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Pensacola, FL

Zip

32503

Country

USA

3. Mailing Address

5041 Bayou Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Pensacola, FL

Zip

32503

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3639551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCEACHERN, BILL JR

25 WEST CEDAR STREET SUITE 400

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

McEachern, Bill Jr

Street Address (P.O. Box Number is Not Acceptable)

5041 Bayou Blvd.

Suite 300

City

Pensacola

FL

Zip Code

32503

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

Bill McEachern Jr. VP & Secy

Bill McEachern Jr. VP & Secretary

1-16-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MOULTON, WRIGHT**
 STREET ADDRESS **25 WEST CEDAR STREET SUITE 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
 NAME **MCEACHERN, BILL JR**
 STREET ADDRESS **25 WEST CEDAR STREET SUITE 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
 NAME **WALKER, STEPHEN L**
 STREET ADDRESS **25 WEST CEDAR STREET SUITE 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/C** ☒ Change ☐ Addition
 NAME **Moulton Wright**
 STREET ADDRESS **5041 Bayou Blvd., Suite 300**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D/VPIS** ☒ Change ☐ Addition
 NAME **McEachern, Bill Jr**
 STREET ADDRESS **5041 Bayou Blvd., Suite 300**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **Walker, Stephen L.**
 STREET ADDRESS **5041 Bayou Blvd., Suite 300**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Bill McEachern Jr. VP & Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02

850-969-3151

CR2E034 (9/01)