2001 UNIFORM BUSINESS REPORT (UBR) FILED

 Entity Nan 	MENT # POOOOO	064559	·		Jan 19, 20 Secretar 01-19-2001 900		te
Principal Place of Business 10210 NO. PALAFOX STREET PENSACOLA FL 32534		Mailing Address 10210 NO. PALAFOX STREET PENSACOLA FL 32534			C000 54 63		
2. Principal F	Place of Business	3. Mailing Address					
10210 Suite, Apt.	N. Palafox Street #, etc.	10210 N. Palafox Street Suite, Apt. #, etc.		reet	, , , , , , , , , , , , , , , , , , , ,		
City & Stat	te	City & State	City & State		FEI Number		Applied For
Pensacola, FL		Pensacola,			59-3653213		Not Applicable
Zip 32534	CountryEscambia	Zip 32534	Country	5. (Certificate of Status Desired	□ \$8.75 A Fee Requi	
32,34	6. Name and Address of Current		Escamb	21a	Name and Address of New F	_ _	
			Name				
4300	th, robert n Jr.) Bayou Blyd. Sacola Fl 32503	Street Address (F		Address (P.O. E	P.O. Box Number is Not Acceptable)		
			City			FL Zip Co	,ae
- Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	E: Registered Agent signs !!! FEE IS \$150 001 Fee will be \$ ble to Department	.00 550.00	10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Knodel, L. Fred Sr. 10210 no. Palafox Street Pensacola Fl 32534	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10210	l, Freddy, Jr North Palafo cola, FL 3253	x Street	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· er,	☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is reporation or the receiver or the comp or on an attachment of the reddress.	s true and accurate and that wered to execute this report	my sideature shall I	have the same I	119.07(3)(i), Florida Statutes. legal effect as if made under of da Statutes; and that my nam	oath: that I am an offici	er or director