

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

0056321 AV

05-19-2003 90228 012 ***150.00

DOCUMENT # P00000069830

1. Entity Name
B & A MANAGEMENT OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**4000 HIGHWAY 90
SUITE G
PACE FL 32571**

Mailing Address
**711-A W GARDEN ST
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501**

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

Number **59-3669174**

Applied For
Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASS & SANDFORT ACCOUNTANTS, INC.
711-A WEST GARDEN STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

**Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501**

Street

City

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **ARBUCKLE, RAYMOND C**
STREET ADDRESS **4000 HIGHWAY 90, SUITE #G**
CITY-ST-ZIP **PACE FL 32571**

TITLE **PS** ☐ Delete
NAME **BROWN, JOHN R**
STREET ADDRESS **4000 HIGHWAY 90, SUITE #G**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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 607, 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

JOHN R BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 8309837466

Date

Daytime Phone #

CR2E034 (10/02)