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



## FILED Mar 07, 2003 8:00 am Secretary of State

Principal Place of Business   PRISACOLA FL 2500   PRIAFON ST.   PRISACOLA FL 2500	1. Entity Nan		ENSACOLA, INC.		03-07-2003 90121 002 ***150.00
Suite. Apt. 4, etc.    City & State   Apt. 4, etc.	7465 OLD PALAFOX ST.		7465 OLD PALAFOX ST	Г.	
City & State  Ci	2. Principal F	Place of Business	3. Mailing Address		
Zip Country Zp Country 5. Certificate of Status Desired   \$8.775 Additional reconstruction   \$8.775 Additional reconstruc	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
S. Certificate of Status Desired   Authority For Requiring	City & State		City & State		3973073073
PLEMING, EDWARD P   4300 BAYOU BLVD, #13   PENSACOLA FL 32503   City   FL   2 p Code	Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional
Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. Box Number is Not Acceptable)		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
Steel Address (PC. Box Number is Not Acceptable)				Name	
PENSACOLA FL 32503  City FL Zip Code  6. The abover 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 and tike if applicable.  (ROTE Registered Agent spritter required when entatering)  PELE NOWILL, FEE IS 5150.00  After May 1, 2003/Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE NAME  STRET ADDRESS  OTY-ST-2P  MOORE, DONALD W  4869 FRANCISCO OR PENSACOLA FL 32504  THLE  Delete  THLE  Delete  THLE  Delete  THLE  Delete  THLE  NAME SIRRET ADDRESS  OTY-ST-2P  THLE  Delete  THLE  NAME SIRRET ADDRESS  OTY-ST-2P  THLE  STRET ADDRESS  OTY-ST-2P  THLE  NAME SIRRET ADDRESS  OTY-ST-2P  THLE  SIRRET ADDRESS  OTY-ST-2P  THLE  SIRRET ADDRESS  OTY-ST-2P  THLE  SIRRET ADDRESS  OTY-ST-2P  THLE  SIRRET ADDRESS  OTY-ST-2P				Street Address	c (PO Boy Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registed agent.    City   FL	4300 BAY	'OU BLVD., #13		Sileet Address	s (r.o. box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Lam familiar with, and accept the obligations of registered agent.    Comment	PENSACO	DLA FL 32503			
SIGNATURE    Signature typed or printed name of regulatered agent and trial of appricable.   (NIOTE: Regulatered Agent signature recarated when restricting)   DATE	Cit				FL Zip Code
Supation Project Control Control Spring Control C	8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing i	ts registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2003c Fee will be \$550.00 May be shake Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NC	DTE: Registered Agent signature requir	red when reinstating) DATE
HTLE NAME MOORE, DNALD W 4850 FRANCISCO DR PENSACOLA FL 32504  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After May 1, 2003 Fee will be \$550.00				
NAME STREET ADDRESS CITY-ST-ZIP  MOORE, DONALD W STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MOORE, DONALD W 4650 FRANCISCO DR	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	لا "مرقة". جرميتهم والمساولة الشاعد معد.	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing coes not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	

indicated on this report or applemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of separative shall have the same legal effect as if made under oath; that I am an officer or directly equired by Chapter 607, Florida Statutes; and that my name appears in Block-10 or Block 11 if

**SIGNATURE:**