## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DC	CL	JM	IFN	IT#
-	$\sim$	<b>~   Y  </b>	_,,	,

Principal Place of Business

P00000083368

1. Entity Name

2 N PALAFOX ST

PENSACOLA REAL ESTATE HOLDINGS II, INC.



Mailing Address

PENSACOLA FL 32501	PENSACOLA FL 32501	
2. Principal Place of Business	3. Mailing Address	<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED

03 FEB -5 PM 2: 00

SECRETARY OF STATE TALLAMASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate o
	6. Name and Address of Cur	rent Registered Agent		7. Name and A
			Name	

2 N PALAFOX ST

of Status Desired Address of New Registered Agent

\$8.75 Additional Fee Required

Applied For

Not Applicable

MCCRORY, SONDRA 2 N PALAFOX ST PENSACOLA FL 32501

name		
Street Address (P.O. I	Box Number is Not Acceptab	ole)
		7in Code

59-3667937

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

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			Trust Fund Contribution.	لــا Added	to Fees
10.	OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BELL, SCOTT J 2 N PALAFOX ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400011789</b> 2 02/04/0301078009	□ Change 2 <b>64</b> **158.7	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, DANA R 2 N PALAFOX ST PENSACOLA FL 32501	☐ Delete	TITLE .  NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLAN, JOHN J 2 N PALAFOX ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, W. EDWARD 2 N PALAFOX ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PE, GERALD 2 N PALAFOX ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, J L 2 N PALAFOX ST PENSACOLA EL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

12. I hereby certify that the information supplied with this filling 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