## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P00000099558 CORDOVA INVESTMENTS, INC. 01-31-2001 90279 021 \*\*\*158.75 Principal Place of Business Mailing Address 125 W ROMANA ST. STE 400 125 W ROMANA ST. STE 400 PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, SCOTT J Street Address (P.O. Box Number is Not Acceptable) 125 W ROMANA ST. STE 400 PENSACOLA FL 32501 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete President Director TITLE Scatt J. Bell NAME 125 W. Romara St., Switc 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Pensacola, FL</u> TITLE Delete reasurer 1 Director TITLE Change NAME NAME John J. Tokn, Jr. STREET ADDRESS STREET ADDRESS 25 W. Romana St. CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE X Addition Change NAME NAME STREET ADDRESS STREET ADDRESS 5 W. Romana CITY-ST-ZIP CITY-ST-ZIP e/aca/a TITLE ☐ Delete Addition sirector! NAME NAME N. Edusard Trel STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR