FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 90193 042 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006441

1. Entity Name
Encore Pensacola, Inc.

DO NOT WRITE IN THIS SPACE

55045922

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2. Principal Place of Business	3. Mailing Address
710 N Spring Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, Fla.	City & State: same
Zip: 32501 Country: USA	Zip Country

4. FEI Number #59-3697391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Sandra Craig
Street Address (P.O. Box Number is Not Acceptable): 710 N. Spring Street
City: Pensacola FL Zip Code 32501

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] 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres	TITLE	
NAME	Fred & Sandra Craig	NAME	
STREET ADDRESS	3715 Tiger Point Blvd	STREET ADDRESS	
CITY-ST-ZIP	Gulf Breeze, Fl 32561	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Jane Agner	NAME	
STREET ADDRESS	3361 Crestview Lane	STREET ADDRESS	
CITY-ST-ZIP	Gulf Breeze, Fl. 32561	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane A. Agner 4/22/03 850 432-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #