2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

Ph1000000 **DOCUMENT #**

DAILEY, WILLIAM A

200 TEN LAKE DR

DEFUNIAK SPRINGS FL 32433

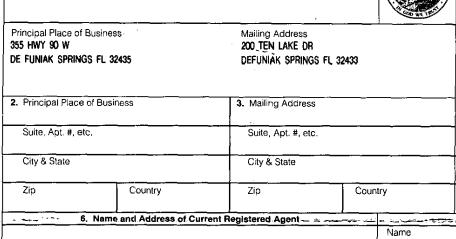
DA



Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90115 048 ***150.00

FILED

Entity Name	OF N.W. FLORIDA, INC.	
ncinal Place of Business	Mailing Addrons	



|--|--|

☐ CHECK HERE IF MAKING CHANGES

	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	=-7:-Name and Address of New Ro	gistere	d Agent.	_
ss (P.O. Box Number is Not Acceptable)			-
		 -		_

4. FEI Number 59-3689098

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTÉ: Registered Agent signature required when reinstating)

Street Addre

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Zip Code

Applied For Not Applicable

Make Checi	k Payable to Florida Department of State			Irust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	D DAILEY, WILLLIAM A 200 TEN LAKE DR DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE		Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: