Sep 15, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000024815 **DOCUMENT #**

1. Entity Nam		PORATION				09-15-2003 90160 002	***550.0	10	
Principal Place 16284 PERDII PENSACOLA	00 KEY DRIVE. #812	16284 PERDID	Mailing Address 16284 PERDIDO KEY DRIVE. #812 PENSACOLA FL 32507 3. Mailing Address						
2. Principal F	lace of Business	3. Mailing Add							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State			El Number 62-1849090	\rightarrow	plied For at Applicable	
Zip Country		Zip	Zip Co		5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name and Address of Curr	ent Registered Agent			7. N	lame and Address of New Registered Ag	gent		
CUELL C	TENUEN O		- :. - +s	Name		ها المعادي المصورة العملية الماليات	<u></u>	Ì	
SHELL, STEPHEN B				Street Address (P.O. Box Number is Not Acceptable)					
226 PALAFOX PLACE, NINTH FLOOR									
PENSACOLA FL 32501									
				City		FL	Zip Code	€	
		nt for the purpose of cl	nanging its regis	tered office or reg	istered age	ent, or both, in the State of Florida. I am far	miliar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regit	stered Agent signature re	quired when re	instating) DATE			
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$' c Payable to Florida Departmen					9. Election Campaign Financing Trust Fund Contribution.		May Be in the first to Fees	
10,	OFFICERS A	ND DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	S IN 11	
TITLE	D		Delete	TITLE			☐ Change	Addition	
NAME	MCALLISTER, NORMOND B J		1	NAME					
STREET ADDRESS CITY-ST-ZIP	16284 PERDIDO KEY DRIVE, PENSACOLA FL 32507	#012	- 6	STREET ADDRESS CITY-ST-ZIP				ĺ	
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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 60%. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

September 40, 2003

251-626-5861

☐ Change

☐ Addition