FILED

Secretary of State

02-17-2003 90271 005 \*\*\*150.00

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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000039316 **DOCUMENT #**

1. Entity Name

WHITESELL-GREEN OF NW FLA., INC



Mailing Address Principal Place of Business 30 S. SPRING STREET 30 S. SPRING STREET PENSACOLA FL 32501 PENSACOLA FL 32501 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1307427 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, FERALD L Street Address (P.O. Box Number is Not Acceptable) 30 S. SPRING STREET PENSACOLA FL 32501 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change Delete TITLE TITLE NAME WHITESEL, WILLIAM JR NAME STREET ADDRESS **POST OFFICE BOX 2849** STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32513-0849 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change Addition TITI F - 🖸 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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