2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P01000057848 1. Entity Name 03-27-2002 90065 041 ***150.00 THE "187" INC. Principal Place of Business Mailing Address 970 FRANDCIS ST 970 FRANDCIS ST ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PPILEd Not Applicable Zip -----Country Country ---\$8.75. Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BURN, NANCY** O. Box Number is Not Agreptable) 685 S HOLMES BLVD ST AUGUSTINE FL 32084 8. The above named entity submig this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATUR e 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME PACETTI, SARAH K NAME STREET ADDRESS STREET ADDRESS 970 FRANDCIS ST CITY-ST-71P CITY-ST-ZIP ST AUGUSTINE FL 32084 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PACETTI, VINTON W NAME STREET ADDRESS STREET ADDRESS 970 FRANDCIS ST CITY-ST-ZIE CITY-ST-ZIP ST AUGUSTINE FL 32084 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED