

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90050 043 ***150.00

005473 AV

DOCUMENT # P01000075264

1. Entity Name
PENSACOLA SALVAGE NUMBER 7, INC.

Principal Place of Business **Mailing Address**
P O BOX 7113 **P O BOX 7113**
PENSACOLA FL 32534 **PENSACOLA FL 32534**

2. Principal Place of Business **3. Mailing Address**
1245 New Warrington Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Pensacola, FL
Zip **Country** **Zip** **Country**
32505 *U.S.A.*

4. FEI Number **Applied For**
59-3737790 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN MATRE, THOMAS G JR
4300 BAYQU BLVD, SUITE 16
PENSACOLA FL 32503

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOEY, CLAY W P O BOX 7113 PENSACOLA FL 32534 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WEST, ELIZABETH A 3291 E KINGSFIELD RD PENSACOLA FL 32514 | <input checked="" type="checkbox"/> Delete |
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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.

SIGNATURE: *Clay W. Cooley* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *1-17-02 (1850)* **Daytime Phone #** *418-8596*

CR2E034 (9/01)