

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90024 033 ***550.00

DOCUMENT # P01000110403

1. Entity Name
WEST FLORIDA TROPHIES, INC.

Principal Place of Business

**3759 MACKEY COVE DR
PENSACOLA FL 32514**

Mailing Address

**3759 MACKEY COVE DR
PENSACOLA FL 32514**

2. Principal Place of Business

6457 Hwy 90 W.

3. Mailing Address

6457 Hwy. 90 W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

MILTON, FL

4. FEI Number

59-3757808

Applied For

Not Applicable

Zip

Country

32570 USA

Zip

Country

32570 USA

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

**WHIBBS, SUZANNE
105 E GREGORY SQUARE
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **President P**
STREET ADDRESS **ANNA WEAVER**
CITY-ST-ZIP **2780 PGA BLVD**
NAVARRE, FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Vice President V/S/T**
STREET ADDRESS **MARY GUY PRICE**
CITY-ST-ZIP **3759 Mackey Cove DR**
PENSACOLA, FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SECRETARY S/T**
STREET ADDRESS **MARY GUY PRICE**
CITY-ST-ZIP **3759 Mackey Cove DR**
PENSACOLA, FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARY GUY PRICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY GUY PRICE 9/4/02 850-626-9152

CR2E034 (4/02)