

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 048 ***150.00

DOCUMENT # P01000117849

1. Entity Name

SANTA ROSA THREE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 E. JOHN SIMS PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 921

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

4. FEI Number

26-0035562

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32588

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES E. MOORE

Street Address (P.O. Box Number is Not Acceptable)

135 E. JOHN SIMS PARKWAY

City

NICEVILLE

FL

Zip Code

32578

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES E. MOORE 135 E. JOHN SIMS PARKWAY NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRADY DON POPE 1400 30th St. SUITE B NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES E. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (350) 678-1121

Get

Daytime Phone #

CR2E034B (12/01)