2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000026533 **DOCUMENT #**



FILED Mar 20, 2003 8:00 am Secretary of State

NINE WIDE PROPERTIES, INC.						03-20-2003 90111 021 ***150.00		
	ce of Business "HUR" LANE (1997) (1997) (1997) (1997) FL 32534	Mailing Address			1181	A POR A PORTE NA PORT		
2. Principal Place of Business 3. Mailing A			ng Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State	City & State			4. FEI Number		
Zip Country		Zíp	p Country			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent	-		7.	. Name and Address of New Registered Agent		
BROWN, PAMELA M 10376 MCARTHUR LANE PENSACOLA FL 32534					Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code		
8. The above the obligat	named entity submits this statement logs of registered agent.	for the purpose of changing	its registered	d office or re	egistered a	agent, or both, in the State of Florida. I am familiar with, and accep		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (N	NOTE: Registered A	Agent signature i	required when	nn reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department				•	S. Election Campaign Financing Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	<u> </u>	11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PAMELA M 10376 MCARTHUR LANE PENSACOLA FL 32534	Delete	TITLE NAME	ADDRESS 6	D/P 3rown 16376	Change Addition ACOLA, FL 32534		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS	_	Change Addition Courts Acoust FL 32534		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	Delete	NAME STREET CITY-SI	ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP		☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP		☐ Change ☐ Additio		
NAME STREET ADDRESS CITY-ST-ZIP	outling that the information and its	☐ Delete	City-St			Change Addition		

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 fustee 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 any address, with all other like empowered.

SIGNATURE: