2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

)

FILED Apr 04, 2003 8:00 am Secretary of State

1. Entity Narr	MENT # P0200		LS, I	03	-10-2003 90731 0	32 ***	150.00	
Principal Place 113 ETHEL W PENSACOLA		Mailing Address 113 ETHEL WINGATE DR. PENSACOLA FL 32507						
2. Principal P	Place of Business	3. Mailing Address		. (108)1831 (1) 88)10 (an anth annt maist chait abt a	' QIJUH @IJUH	I EFILLI Waru and a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHEC	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 76 - 0.719 (70		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status		3.75 Ade Bequire		
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Age	int		7
NICHOLS, DEBORAH				Name Street Address (P.O. Box Number is Not Acceptable)				
	EL WINGATE DR.		Street Addr	ess (P.O. Box Number is Not Ar	ceptable)			
	DLA FL 32507			<u> </u>				7
!	·		City		FL	Zip Cod	e	1
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or reg	gistered agent, or both, in the S	tate of Florida. I am fam	liar with,	and accept	1
								ı
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	quired when reinetating)	DATE			
e F After	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department or		Registered Agent signature re		paign Financing	\$5.0 Added	O May Be	
e F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	1 State	Registered Agent signature re	Election Carr Trust Fund C	paign Financing			
e F After Make Check	MAY 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	1 State		Election Carr Trust Fund C	paign Financing ontribution.			(00)
After Make Check 10. IIILE NAME STREET ADDRESS	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS	11.	Election Carr Trust Fund C	paign Financing ontribution.	RECTOR	S IN 11	034 (10/02)
E F After Make Check 10. IIILE NAME	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH	f State DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Election Carr Trust Fund C	paign Financing ontribution. STO OFFICERS AND DI	RECTOR	S IN 11	CR2E014 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP	Election Carr Trust Fund C	paign Financing ontribution. STO OFFICERS AND DI	RECTORS	S IN 11	CB2F034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Election Carr Trust Fund C	paign Financing ontribution. TO OFFICERS AND DI	RECTORS	S IN 11	CR2E034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Election Carr Trust Fund C	paign Financing ontribution. TO OFFICERS AND DI	RECTORS Change Change	S IN 11 Addition Addition	CR2E014 (10(02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE THE	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Election Carr Trust Fund C	paign Financing ontribution. TO OFFICERS AND DI	RECTORS Change Change	S IN 11 Addition Addition	CR2E034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TAMME TAMME TITLE TITLE	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE	Election Carr Trust Fund C	paign Financing patribution.	RECTORS Change Change	S IN 11 Addition Addition	CR2E034 (10/02)
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After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TAMME TAMME TITLE TITLE	May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P NICHOLS, DEBORAH 113 ETHEL WINGATE DR.	f State DIRECTORS Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE	Election Carr Trust Fund C	paign Financing patribution.	RECTORS Change Change	S IN 11 Addition Addition	CROFICA (10/10)
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12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Daytime Phone #