


<h1>DOCUMENT # P06000040690</h1>		
1. Entity Name STRIPES OF NORTHWEST FLORIDA, INC.		
Principal Place of Business 4547 MENTORIA COURT PENSACOLA, FL 32504	Mailing Address 4547 MENTORIA COURT PENSACOLA, FL 32504	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent WHITTEN, JESSICA B 4547 MENTORIA COURT PENSACOLA, FL 32504		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent SIGNATURE: <i>Jess B Whitten</i> <i>Jess B Whitten</i> President <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Add
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITTEN, JESSICA B 4547 MENTORIA COURT PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Jess B Whitten</i> <i>Jessica B Whitten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4512054	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WHITTEN, JESSICA B
4547 MENTORIA COURT
PENSACOLA, FL 32504

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

SIGNATURE

ations of registered agent
Joseph B Whitten Joseph B Whitten President
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9/12/68

0000035 DATE-1

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITTEN, JESSICA B
STREET ADDRESS	4547 MENTORIA COURT
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/08

Date _____

850.982.5005

Daytime Phone #