

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063603

1. Entity Name
THE MOORINGS OF PENSACOLA BEACH, INC.Principal Place of Business
3040 GODWIN LANE
PENSACOLA FL 32526
USMailing Address
P O BOX 37406
PENSACOLA FL 32526

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3217061

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, GUY H JR.
310 KENMORE DR.
PENSACOLA FL 32526

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME SKIPPER, GUY H JR.
STREET ADDRESS 7725 MISTY PINES LANE
CITY-ST-ZIP PENSACOLA FL 32526 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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:

MS GUY H JR SKIPPER JR 4/9/02 880 944 006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)