

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000002152**

1. Entity Name

R.N. OUSLEY & COMPANY, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90070 025 ***150.00

Principal Place of Business

Mailing Address

127 BEACH DR EAST
DESTIN FL 32541
US127 BEACH DR EAST
DESTIN FL 32541-4152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA ROSA BEACH, FL

Zip

Country

Zip

Country

32459

USA

4. FEI Number

59-3217650

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWEN, DAVID A
743 HWY. 98 EAST
SUITE 5
DESTIN FL 32541Name **SAME**

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

1221 AIRPORT ROAD

SUITE 208

City **DESTIN**

FL

Zip Code **32541**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
OUSLEY, R N
127 BEACH DR E
DESTIN FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
OUSLEY, R.N.
127 BEACH DRIVE EAST
DESTIN, FL (32541) ☒ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CORBIN C OUSLEY
115 TRISTA TERR CT
DESTIN FL 32541 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

850-585-5293

Daytime Phone #