2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2002 8:00 am Secretary of State DOCUMENT # P94000002152 1. Entity Name R.N. OUSLEY & COMPANY, INC. 03-05-2002 90069 006 ***150.00 Principal Place of Business Mailing Address 127 BEACH DR EAST PO BOX 2401 DESTIN FL 32550 (NO AIRPORT RD) HS SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address BS EMELALD Suite, Apt. #, etc. Suite, Apt. #, etc. ELIMINATE (No AIRPOLT RJ) DO NOT WRITE IN THIS SPACE City & State Santa Rosa 4. FEI Number Applied For 59-3217650 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1221 AIRPORT RD **SUITE 208** DESTIN FL 32541 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PSTD** ☐ Delete TITLE Change CR2E034 (9/01) Addition NAME OUSLEY, R N NAME 185 EMERALD RIDGE SANTA ROSA BEACH, FL 32459 STREET ADDRESS 127 BEACH DR E STREET ADDRESS CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE ۷Ď Addition NAME CORBIN C OUSLEY NAME STREET ADDRESS 115 TRISTA TERR CT STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE □ Delete TITLE Addition 185 EMERALD RIDGE SANTA ROSA BEACH, FL NAME OUSLEY, JUDY C NAME STREET ADDRESS STREET ADDRESS 127 BEACH DRIVE EAST CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attac