FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90079 045 ***150.00

...IFORM BUSINESS REPORT (UBR)

...ENT # P94000011693

...S & SUAREZ, INC.

...al Place of Business	Mailing Address
...SHORE DR ...OLA FL 32507	47 BAYSHORE DI PENSACOLA FL 32507 US

[redacted]

732151

DO NOT WRITE IN THIS SPACE

...cipal Place of Business	3. Mailing Address
...e, Apt. #, etc.	Suite, Apt. #, etc.
... & State	City & State
... Country	Zip Country

4. FEI Number 59-3222320 ☐ 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
JACOBS, ANTHONY 47 BAYSHORE DR PENSACOLA FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

...above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

...TURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

...s corporation is eligible to satisfy its intangible ...filing requirement and elects to do so. ...e criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	D ☐ Delete JACOBS, ANTHONY 47 BAYSHORE DR PENSACOLA FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D ☐ Delete SUAREZ, DON 630 RIOLA PLACE PENSACOLA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

...reby 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 ...icated 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 ...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 ...anged, or on an attachment with an address, with all other like empowered.

...NATURE: _____ 1-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY JACOBS Date Daytime Phone #