

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 021 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000043702

1. Entity Name

R. Wayne Sumlin, C.P.A., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Langley Avenue

Suite, Apt. #, etc.

200

City & State

Pensacola, Florida

Zip

32504

Country

U.S.

3. Mailing Address

3000 Langley Avenue

Suite, Apt. #, etc.

200

City & State

Pensacola, Florida

Zip

32504

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3254723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. Wayne Sumlin

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

3000 Langley Avenue

Suite 200

City

Pensacola

FL

Zip Code

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.

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

D

NAME

Sumlin, R. W.

STREET ADDRESS

3711 Scenic Highway

CITY-ST-ZIP

Pensacola, FL 32504

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

850-478-8220

Daytime Phone #

CR2E034B (12/01)