## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000012495 1. Entity Name E.J.N. INVESTMENTS, INC. 4-27-2001 90386 010 \*\*\*150.00 Principal Place of Business Mailing Address 3410 NORTH 18TH AVENUE POB 12725 PENSACOLA FL 32503 PENSACOLA FL 32575 959841 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3301904 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 125 W. ROMANA ST. SUITE 800 PENSACOLA FL 32501 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE TITLE Addition ☐ Delete ☐ Chance NAME NICKELSEN, ERIC J STREET ADDRESS STREET ADDRESS 3410 N 18TH AVENUE CITY-ST-ZIP City-St-7i2 PENSACOLA FL 32503 Addition TITLE TITLE Delete Change NAME STREE" ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE Delete Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAM9 STREET ADORESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric J. Nickelsen

4/18/01

(850)434-2244

Change

Addition