

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028893

1. Entity Name

PALAFox PINACOTHECA, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90022 035 ***150.00

Principal Place of Business

Mailing Address

200 S. TARRAGONA
PENSACOLA FL 32501
US

200 S. TARRAGONA
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

200 E. Government St.
Suite, Apt. #, etc.
Box 18

200 E. Government St.
Suite, Apt. #, etc.
Box 18

City & State
Pensacola Florida
Zip
32501
Country
USA

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Pensacola Florida
Zip
32501
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3321156

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

SPENCER, BRIAN K
17 E MAIN STREET
PENSACOLA FL 32501

Name

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

200 E. Government St. Box 18

City

Pensacola

FL

Zip Code

32501

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

4/5/01

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPENCER, BRIAN K
BOX 18, 200 E GOVERNMENT STREET
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ORTH, ROGER
BOX 18, 200 E GOVERNMENT STREET
PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01 850-432-7772

CR2E034 (10/00)