

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061541

1. Entity Name

SUSIE & RILEY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90008 027 \*\*\*150.00

Principal Place of Business

Mailing Address

3707 NAVY BOULEVARD  
PENSACOLA FL 32507  
US

3707 NAVY BOULEVARD  
PENSACOLA FL 32507-1217  
US

00000544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1257 Tall Pines Tr.

1257 Tall Pines Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Gulf Breeze

Gulf Breeze

City & State

City & State

Florida

Florida

4. FEI Number 59-3330417

Applied For  
Not

Zip 32561

Country USA

Zip 32561

Country USA

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

CROWELL, JOSEPH M  
2715 EAST DESOTO STREET  
PENSACOLA FL 32503

Name

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

City

FL

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 P  
NAME BURKE, RILEY ☐ Delete  
STREET ADDRESS 3707 NAVY BOULEVARD  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE VP  
NAME BURKE, SUSAN ☐ Delete  
STREET ADDRESS 3707 NAVY BOULEVARD  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Signature of Joseph M. Crowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000 850-455-725