2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000081570** May 18, 2000 8:00 am Secretary of State 1. Entity Name NORTHVIEW PROPERTIES OF N.W. FLORIDA INC. 05-18-2000 90294 008 ***150.00 Principal Place of Business Mailing Address 82 EAST NINE MILE ROAD 82 EAST NINE MILE ROAD PENSACOLA FL 32534-3137 PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3358983 Not Applicable 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 MCCLUSKEY, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 EAST NINE MILE ROAD PENSACOLA FL 32534 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition ☐ Delete TITLE MCCLUSKEY, DAVID NAME NAME STREET ADDRESS 82 EAST NINE MILE ROAD STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP PENSACOLA FL 32534 Change ☐ Addition ☐ Delete TITLE PAEDAE, DON C NAME **82 EAST NINE MILE ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32534 CITY-ST-ZIE Change ☐ Addition SD Delete TITLE GATES, LARRY A NAME NAME STREET ADDRESS STREET ADDRESS 82 EAST NINE MILE ROAD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32534 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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

David P. Mclusky Jr.

\$50-477-930