

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90034 016 ***150.00

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DOCUMENT # P95000097637

1. Entity Name

MOBILE/BARRANCAS CORPORATION

Principal Place of Business

6565 NORTH W STREET
 SUITE 260
 PENSACOLA FL 32505

Mailing Address

6565 NORTH W STREET
 SUITE 260
 PENSACOLA FL 32505

2. Principal Place of Business

222 S. Navy Blvd
 Suite, Apt. #, etc.

3. Mailing Address

222 S. Navy Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola

City & State

Pensacola

4. FEI Number

59-3354136

Applied For

Not Applicable

Zip

Florida

Country

USA

Zip

Florida

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CYNTHIA M
6565 N "W" ST, STE 260
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name **Cynthia M Griffin**
 Street Address (P.O. Box Number is Not Acceptable)
222 S. Navy Blvd
 City **Pensacola** FL Zip Code **32507**

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]
 Signature, typed or printed name of registered agent and title if applicable.

CYNTHIA M. GRIFFIN

2/4/02

(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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NEAL B. NASH	
STREET ADDRESS	6565 N "W" ST., SUITE 260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAM M. LYON	
STREET ADDRESS	6565 N. "W" ST., SUITE 260	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL B NASH	
STREET ADDRESS	222 S. NAVY BLVD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM M. LYON	
STREET ADDRESS	222 S. NAVY BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

8404678715

Daytime Phone #

CR2E034 (9/01)