FILED

## 2003 FOR PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P96000003469 DOCUMENT # 04-07-2003 90144 046 \*\*\*150.00 1. Entity Name JUST PLAIN PUTTER INC. Principal Place of Business Mailing Address 2620 NORTH 12TH AVENUE 2620 NORTH 12TH AVENUE PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address 301 W. Garden 301 W. Garden St Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-3354572 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NDFOR SANDFORT, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 2620 N. 12TH AVE. PENSACOLA FL 32503 Gardo 8. The above named entity submits. his statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered as SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. SANDFORT , PHILLIP L X Change Addition TITLE ☐ Delete TITLE SANDFORT, PHILLIP L NAME NAME 1301 W. Garden St 2620 NORTH 12TH AVENUE STREET ADDRESS STREET ADDRESS Pensacola FC 32501 CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-7IP Delete TITLE SANDFORT , LAURA Change ☐ Addition VTD TITLE NAME SANDFORT, LAURA L NAME 1301 W. Garden St STREET ADDRESS STREET ADDRESS 2620 NORTH 12TH AVENUE Pensacola ,FL 3250 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 strue 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 10 or Block 11 if

SIGNATURE:

of the corporation or the receiver or trustee empehanged, or on an attachment with an address

SIGNATURE AND TYPED OR