2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000004249

1. Entity Name

H.E. ELLIS, JR., P.A.

SIGNATURE:



FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90079 044 ***150.00

Principal Place 201 GOVERNM		Mailing Address 201 EAST GOVERNMENT									
PENSACOLA F US	°L 32501	PENSACOLA FL 32501 US				(83)388	I IRIAN DINI ANDI N	 			
03											
2. Principal Pl	of Business 14h Jefferson St.	3. Mailing, Address 41 North Jefferson St.				11001100111			I ein te mait	inin inii juu	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	1 1 1 1	Sity & State	E1 4.		4. FEI Number	59-3346969)	<u> </u>	plied For	}	
	Country	Zip_	Country	<u> </u>			 -		B.75 Add	t Applicable	•
<u> </u>	1 USA	32501	U	SA 13.		Fee Required				-	
-	6. Name and Address of Current R		Name	7. Name and Address of New Registered Agent							
ELLIS, H.E		Stroot Ad	Idraes (P.C) Roy Number is	Not Acceptable	ملا . ا			1		
201 EAST			<u>"\"</u>	Nort	An Box Number is Not Acceptable treet					-	
PENSACOLA FL 32501				Suite 400							
,	,			Per	150.0	ola		FL		<i>5</i> 01	
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. I am familiar with, and accept the obligations of registered agent.											
7/9 9/4/											
SIGNATURE _	Signature, typed of printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signatur	re required wh	en reinstating)		DA E			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
After Make Check					und Contribution			to Fees			
10.	Payable to Florida Department of OFFICERS AND D		11.	,		ADDITIONS/CH	ANGES TO OF	FICERS AND D	IRECTOR	S IN 11	_ ا
TITLE	DP	☐ Delete	TITLE						Change	☐ Addition	20/0
NAME ELLIS, H.E. JR. STREET ADDRESS 705 JAMESTOWN DR			NAME STREET	STREET ADDRESS		orth Jeff	ferson t	Street	Suit	e 400	4 (1)
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-S	CITY-ST-ZIP		orth Jeft sacola,	FL	325	01		7507
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TITLE		- Delete	TITLE	ا	-	-			Change	☐ Addition	
NAME STREET ADDRESS			NAME: STREET	F ADDRESS							
CITY-ST-ZIP	was in		CITY-S	ST-ZIP							
TITLE		☐ Delete	TITLE					[Change	☐ Addition	
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NAME STREET ADDRESS			NAME STREET	T ADDRESS							-
CITY-ST-ZIP			CITY-S								
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NAME STREET ADDRESS		,	STREET	T ADDRESS							
CITY-ST-ZIP			CITY-S	ST-ZIP							
12. I hereby o	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee poor	this filing does not qualify for	r the exem	nption state	ed in Secti	ion 119.07(3)(i), F	Florida Statutes	. I further certify	y that the i	nformation or director	
of the cor changed,	poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report ith all other the empowered.	as require	ed by Char	pter 607, F	Florida Statutes; a	and that my nan	ne appears in E	Block 10 or	Block 11 if	