

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90006 019 ***150.00

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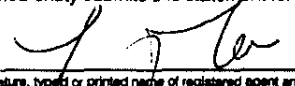
DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000015059	
1. Entity Name American Naturalization Service, Inc.	
Principal Place of Business 2100 N. Ninth Ave. Pensacola, FL. 32503	Mailing Address same
2. Principal Place of Business 2100 N. Ninth Ave	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pensacola, FL. 32503	City & State same
Zip 32503	Country USA
Zip same	Country same
6. Name and Address of Current Registered Agent	

4. FEI Number 59-3362455	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Young T. Gough	
Street Address (P.O. Box Number is Not Acceptable) 2100 N. Ninth Ave.	
City Pensacola	Zip Code FL 32503

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  **Young T. Gough** **31 May 01**
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. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 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 Pres.	NAME Bruce C. Gough ☒ Delete	TITLE Pres. T. Gough ☒ Change ☐ Addition	NAME Ann T. Gough
STREET ADDRESS		STREET ADDRESS 2100 N. Ninth Ave.	
CITY-ST-ZIP		CITY-ST-ZIP Pensacola, FL. 32503	
TITLE VP Sec/Treas	NAME Young T. Gough ☐ Delete	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Young T. Gough** **31 May 01** **850-470-0610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)