

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029382

1. Entity Name

CEDAR STREET WAREHOUSE, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90023 036 \*\*\*150.00

Principal Place of Business

125 W ROMANA STREET  
SUITE 224  
PENSACOLA FL 32501  
US

Mailing Address

125 W ROMANA STREET  
SUITE 224  
PENSACOLA FL 32501  
US

2. Principal Place of Business  
17 E Main Street

Suite, Apt. #, etc.  
Suite 100

City & State  
Pensacola, FL

Zip  
32501

Country  
US

3. Mailing Address  
17 E Main Street

Suite, Apt. #, etc.  
Suite 100

City & State  
Pensacola, FL

Zip  
32501

Country  
US

4. FEI Number **59-3374444**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R  
~~125 W ROMANA STREET~~  
~~SUITE 224~~  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name Daniel R. Lozier  
Street Address (P.O. Box Number is Not Acceptable)  
24 West Chase ST.  
City Pensacola FL Zip Code 32501

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, 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. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**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

TITLE D ☐ Delete  
NAME EMLING, CHARLES A III  
STREET ADDRESS 605 CHESAPEEKE DR  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ Delete  
NAME BULLOCK, JOHN H. KEITH  
STREET ADDRESS 17 E. MAIN ST- STE 100  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.H.F. Bullock 01/11/01 850 432 7772

0031313

CR2E034 (10/00)