**2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 796 0000 38765 Apr 26, 2001 8:00 am Secretary of State Mc Curuly Am Sayon PRESIDENTIAL, INC 04-26-2001 90121 038 \*\*\*150.00 Principal Place of Business 11 SUGAR BOWL LAME PENSACOLA BEACH, FL 4400 BAYON BUD, 18-8 PENSACOLA PL 32503 C0053213 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 19-3368526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name McCurian, Miss Street Address (P.O. Box Number is Not Acceptable) 4400 BAyon Bus, Bux 9 PENSACOLA, FL. 32504 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be \_Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 - - Added to Fees Trust Fund Contribution. -(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE Change ☐ Delete MECURIEN, MILE. 4400 BAYON BLUD, \$18-B NAME NAME STREET ADDRESS STREET ADDRESS PENSACOLA PL 32503 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition KEUEGER KURT NAME NAME 4400 BAYON BLYD, 418-8 STREET ADDRESS STREET ADDRESS PENSACOLA FL. 32 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 propowered. KURT A. KRUEGER SIGNATURE: