

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039462

1. Entity Name

PERDIDO KEY, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90059 001 \*\*\*150.00

Principal Place of Business

Mailing Address

401 E CHASE ST  
STE 105  
PENSACOLA FL 32501  
US

P O BOX 940  
GULF BREEZE FL 32562-0940

2. Principal Place of Business

3. Mailing Address

17 W Cedar Street

Suite, Apt. #, etc.

Suite 2

City & State

Pensacola FL

Zip

Country

32501

USA

4. FEI Number

59-3388122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNEN, DAVID A  
401 E CHASE ST  
STE 105  
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS BRANNEN, DAVID A  
CITY-ST-ZIP 401 E CHASE ST STE 105  
PENSACOLA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 940  
CITY-ST-ZIP Gulf Breeze FL 32562

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

David A Brannen

4/24/00

850-434-7700

Daytime Phone #

CR2F034 (9/99)