2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
01-23-2001 90090 034 ***150.00

UUUUUJ07

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000070096

1. Entity Name
PRICE REALTY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
622 SAWARA CIRCLE PENSACOLA FL 32506	622 SAWARA CIRCLE PENSACOLA FL 32506 US

2. Principal Place of Business		3. Mailing Address	
129 Manchester St		P.O. Box 4449	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pensacola, Fl		City & State: Pensacola, Fl	
Zip: 32507	Country: Escambia	Zip: 32507	Country: Escambia

4. FEI Number 59-3401235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, LONNIE R
622 SAWARE CIRCLE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, LINDA G 622 SAWARA CIRCLE PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, LONNIE R 622 SAWARA CIRCLE PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Lonnie R. Price 01/11/01 850-455-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lonnie R. Price