

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000077484**  
 Entity Name  
**PENSACOLA NORTH INVESTMENTS, INC.**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90097 050 \*\*\*150.00

Principal Place of Business  
**120 N. PALAFOX ST.**  
**PENSACOLA, FL 32505**

**C0087921**

3. Mailing Address  
**P.O. Box 1351**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PENSACOLA FL**  
 Zip  
**32596**

4. FEI Number  
**59-3425388**  
 Applied For  
☒ Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TODD H. SNYDER**  
**5120 N. PALAFOX ST.**  
**PENSACOLA, FL 32505**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **T.H. SNYDER TODD H. SNYDER, PRESIDENT** **4/25/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>PRESIDENT</b> <b>TODD H. SNYDER</b> <b>5120 N. PALAFOX ST.</b> <b>PENSACOLA FL 32505</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **T.H. SNYDER TODD H. SNYDER** **4/25/00** **850-434-1173**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-32E034 (9/99)