

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000085733**

1. Entity Name

FINANCIAL SERVICES OF N.W. FLORIDA, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90141 024 ***150.00

Principal Place of Business

Mailing Address

**1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578****1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578-2202****A0052306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL

4. FEI Number

59-3410363

Applied For

Not Applicable

Zip

Country

32588-0517

Country

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

Name

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

City

FL

Zip Code

**POWELL, JAMES W
1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578**

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	CD	<input type="checkbox"/> Delete
NAME	DYE, DEBORAH P	
STREET ADDRESS	2824 EDGEWATER DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, WALLACE F	
STREET ADDRESS	1405-A BAYSHORE DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POWELL, JAMES W	
STREET ADDRESS	642 SAILBOAT DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, MICHAEL R	
STREET ADDRESS	114 REDWOOD AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, EUGENE	
STREET ADDRESS	8 PANDORA DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, THOMAS J JR	
STREET ADDRESS	620 NELSON POINT ROAD	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/00

Date

(850) 678-3110

Daytime Phone #

C-1 (03/99)