

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90015 042 ***150.00

DOCUMENT # P96000091146

1. Entity Name

M. PETE MCNABB OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**401 E. CHASE ST.
 #104
 PENSACOLA FL 32501
 US**

Mailing Address

**401 E. CHASE ST.
 #104
 PENSACOLA FL 32501
 US**

2. Principal Place of Business

3089 GULF BREEZE PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

**GULF BREEZE FL
 32563
 USA**

City & State

**32563
 USA**

4. FEI Number

59-3400293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCNABB, M P
 401 E CHASE ST.
 #104
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

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

3089 GULF BREEZE PARKWAY

City

GULF BREEZE

FL

Zip

32563

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MCNABB, M P**
 STREET ADDRESS **401 E CHASE 104**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **V** ☒ Delete
 NAME **TURKOVICS, RANDOLPH H**
 STREET ADDRESS **401 E CHASE ST 104**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **V** ☐ Delete
 NAME **JAMES, JANE A**
 STREET ADDRESS **401 E CHASE STREET, SUITE 104**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **V** ☐ Delete
 NAME **JAMES, DONALD E**
 STREET ADDRESS **401 E CHASE STREET, SUITE 104**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

CR2E034 (9/01)