## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P96000091146 **DOCUMENT #**

1. Entity Name

M. PETE MCNABB OF NORTHWEST FLORIDA, INC.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90133 050 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Adding Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  MCNABB, M P  3089 GULF BREEZE PKWY GULF BREEZE PKWY GULF BREEZE FL 32563  City FL Zip Code  6. 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. I am familiar with, are the obligations of registered agent.  Signature, typed or printed name of registered and title if applicable. (NOTE Registered Agent signature required when reindiating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. Change  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. OWN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. The above named entity submits is Not Acceptable)  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. The above named entity submits is Not Acceptable)  19. Election Campaign Financing  19. Election Campaig	ied For Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	ied For Applicable
City & State  Country  5. Certificate of Status Desired  \$8.75 Adding Fee Required  6. Name and Address of Current Registered Agent  Name  MCNABB, M P  3089 GULF BREEZE PKWY  GULF BREEZE FL 32583  City  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. I am familiar with, are the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. FEI Number  15. Certificate of Status Desired  16. Name and Address of New Registered Agent  17. Name and Address (P.O. Box Number is Not Acceptable)  18. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am f	pplicable
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MCNABB, M P  3089 GULF BREEZE PKWY GULF BREEZE FL 32563  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. I am familiar with, ar the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  PENSACOLA FL 32501  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  NOTE. Registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent, or both, and obligations of registered agent, or both, are the obligations of	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CR2E034 (10/02)