至重要 UNIFORM BUSINESS REPORT (UBR) FILED Feb 23, 2000 8:00 am DCUMENT # P96000103280 **Secretary of State** BUYER'S AGENT OF NORTHWEST FLORIDA, INC. 02-23-2000 90031 013 ***158.75 Mailing Address ்நுத் Place of Business 221 E GARDEN ST GARDEN ST SUITE 1W PENSACOLA FL 32501-6042 101 A FL 32501 incipal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number ™ & State 59-34 15954 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, JOHN G Street Address (P.O. Box Number is Not Acceptable) 221 E GARDEN ST SUITE 1W PENSACOLA FL 32501 Zip Code City Fl above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 -- filling requirement and elects to do so. Trust Fund Contribution. Added to Fees nn criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE X Change Addition Delete MILLER, PHILIP C NAME ahhaugg 2803 E CERVANTES ST STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE DONOVAN, MICHAEL J 223 EAST GARDEN ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition ☐ Delete Change TITLE O'BRIEN, JOHN G NAME 223 E GARDEN ST STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS CITY-ST-ZIF 7IP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 21P 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 is reported in the same legal effect as if made under oath; that I am an officer or director 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 or on an attachment with an address, with all other time compowered. -- ^:TURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone