

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000022808**

1. Entity Name

**PAULA G. DRUMMOND, P.A.****FILED****Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90096 003 \*\*\*150.00

0031373

Principal Place of Business  
**120 S. ALCANIZ STREET  
PENSACOLA FL 32501**

Mailing Address  
**120 S. ALCANIZ STREET  
PENSACOLA FL 32501**

90096003

2. Principal Place of Business  
**1001 N. 12<sup>th</sup> Ave.**

3. Mailing Address  
**PO Box 2637**



DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola FL**

City & State  
**Pensacola FL**

4. FEI Number **59-3431511**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DRUMMOND, PAULA G  
120 S. ALCANIZ STREET  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
Name  
**Paula G. Drummond**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 N. 12<sup>th</sup> Ave.**  
**Pensacola FL 32501**

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

1-12-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DRUMMOND, PAULA G 120 S. ALCANIZ STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAULA G. DRUMMOND 1001 N. 12 <sup>th</sup> Avenue Pensacola, FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 DIRECTOR1/12/01  
Date(850)  
432-7555  
Daytime Phone #

CR2E034 (10/00)