2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000024537** May 16, 2000 8:00 am Secretary of State SOUNDSIDE PROPERTIES, INC. 05-16-2000 90011 042 ***150.00 Principal Place of Business Mailing Address 10101 CHEMSTRAND ROAD 10101 CHEMSTRAND ROAD LOT #18 LOT #18 PENSACOLA FL 32514 PENSACOLA FL 32514-1596 2. Principal Place of Business 3. Mailing Address nemstrand RA DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3434598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERDUE, VICKI 10101 CHEMSTRAND ROAD LOT #18 PENSACOLA FL 32514 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Defete TITLE TITLE PERDUE, WESLEY D NAME NAME 10101 Chemstrand Road, LOT 17 STREET ADDRESS 10101 CHEMSTRAND ROAD, LOT 18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Change ☐ Addition TITLE VTS ☐ Delete TITLE NAME PERDUE, VICKI NAME 10101 Chemstrand Road, Lot 17 STREET ADDRESS STREET ADDRESS 10101 CHEMSTRAND ROAD, LOT 18 CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32514 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET.ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change [] Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIE