

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000050142

FILED
Apr 16, 2003
Secretary of State

Entity Name: HUBBARD AND SARA SAVAGE & ASSOCIATES, INC.

Current Principal Place of Business:

9511 SCENIC HIGHWAY
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

9511 SCENIC HIGHWAY
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 58-2341283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVAGE, SARA
9511 SCENIC HIGHWAY
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAVAGE, HUBBARD
Address: 9511 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: VSD () Delete
Name: SAVAGE, SARA
Address: 9511 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SAVAGE, RAY E
Address: 1074 FOUNTAIN LAKE DRIVE
City-St-Zip: BRUNSWICK, GA 31525 US

Title: D () Delete
Name: SAVAGE, RICHARD H
Address: 711 GREAT BARFORD ST
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: SAVAGE, RUSSELL W
Address: 38 HILLCREST
City-St-Zip: PLATTE CITY, MO 64079

Title: D () Delete
Name: SAVAGE, RYAN D
Address: 302 VALENCIA STREET
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA SAVAGE

VSD

04/16/2003

Electronic Signature of Signing Officer or Director

Date