2000 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **P97000061801** G & E INVESTMENTS OF PENSACOLA, INC. 01-24-2000 90060 019 ***150.00 Principal Place of Business Mailing Address 4300 BAYOU BLVD POST OFFICE 30009 UUUUUUSZ PENSACOLA FL 32503-1009 SUITE 12 & 13 PENSACOLA FL 32503-1009 2. Principal Place of Business 4300 Bayou Boulevard Suite, Apt. #, etc. Suite 13 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3463561 Florida Pensacola, Not Applicable Country Zip Country \$8.75 Additional 32503-2671 5. Certificate of Status Desired П Escámbia Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLEMING, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD SUITE 12 & 13 PENSACOLA FL 32503-1009 Zip Code City FL 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 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. P/D☐ Delete TITLE TITLE Edward P. Fleming ATCHISON, LOUISE NAME NAME 4300 Bayou Boulevard, Suite 13 STREET ADDRESS 900 INDUSTRIAL CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Pensacola, FL 32503-2671 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 13. Thereby 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

FILED

SIGNATURE:

SIGNATURE:

SIGNATURE Date

Edward P. Fleming, President 1/14/00 850-477
Date

Date

Date

Date

Date

Date

Date

Date

Descript Phone # 0.660

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.