2003 FOR PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P97000078874 **DOCUMENT #** 1. Entity Name 03-03-2003 90448 040 ***150.00 THE GREAT BRIT INN, INC. Principal Place of Business Mailing Address 49 VIA DE LUNA DRIVE 3800 MOBILE HWY PENSACOLA BEACH FL 32561 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3465471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNTON, ARTHUR C III Street Address (P.O. Box Number is Not Acceptable) 3800 MOBILE HWY PENSACOLA FL 32505 City Zip Code 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. I am familiar with, and accept **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME HOVANESIAN, ARCFHIBALD NAME STREET ADDRESS 16 PORT ROYAL STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ARTHUR C BURTON IT ☐ Delete TITLE ☐ Change Addition NAME NAME 3800 mobile Huy. STREET ADDRESS STREET ADDRESS CITY-ST-7iP PENSACON FL. 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 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 10 or Block 11 if 25Feb2003

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME .

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

ARTHUR C BUNTON II

1-850-432-0491

☐ Change

☐ Addition

CR2E034 (10/02)