

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093278

1. Entity Name

PENSACOLA.COM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90154 006 ***150.00

Principal Place of Business	Mailing Address
7100 PLANTATION BLVD., UNIT 2 PENSACOLA FL 32504	7100 PLANTATION BLVD., UNIT 2 PENSACOLA FL 32504-6234

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3506759	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HUSTON, GARY W 3 W. GARDEN ST., STE. 600 PENSACOLA FL 32501

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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.

SIGNATURE _____ (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, 2000 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	
TITLE	P
NAME	WELLS, KATHIE
STREET ADDRESS	7100 PLANTATION BLVD UNIT 2
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	VP
NAME	ROOT, STEVE
STREET ADDRESS	7100 PLANTATION BLVD UNIT 2
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	ST
NAME	ROOT, DEANNA
STREET ADDRESS	7100 PLANTATION BLVD UNIT 2
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kathryn Wells Kathryn Wells 4/24/00 8504793966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)