

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90861 031 ***158.75

DOCUMENT # P97000108700

1. Entity Name
OBI-1 OF PENSACOLA, INC.

Principal Place of Business

**16284 PERPIPO KEY DR
 SUITE 511
 PENSACOLA FL 32507-4320
 US**

Mailing Address

**P. O. BOX 55465
 BIRMINGHAM AL 35255**

2. Principal Place of Business

425 West Colonial Dr.

3. Mailing Address

425 West Colonial Dr.

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

ORANGE

Zip

32804

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3493204

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, ROBERT C
 16284 PERDIDO KEY DR
 SUITE 511
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Tom Granville**
 Street Address (P.O. Box Number is Not Acceptable) **425 West Colonial Dr. #104**
 City **Orlando** FL **32804**

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)

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, 2002 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 **D** ☒ Delete
 NAME **FIELD, ROBERT C**
 STREET ADDRESS **16284 PERDIDO KEY DR., #511**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☐ Change ☒ Addition
 NAME **Tom Granville**
 STREET ADDRESS **425 West Colonial Dr.**
 CITY-ST-ZIP **Orlando FL 32804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/02

407-620-8118

Date

Daytime Phone #

CR2E034 (9/01)