2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am DOCUMENT # P98000019713 Secretary of State NEK OF PENSACOLA, INC. 02-22-2000 90007 029 ***150.00 Principal Place of Business Mailing Address 100 W GADSDEN ST 100 W GADSDEN ST PENSACOLA FL 32501-3910 PENSACOLA FL 32501 ロリリムシウムム 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3501201 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOLF, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 100 W GADSDEN ST PENSACOLA FL 32501 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Atter 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. Delete Change ☐ Addition TITLE WOOLF, KENNETH H NAME NAME 15 NORTH SUNSET BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32561** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE WOOLF, ELIZABETH R NAME NAME STREET ADDRESS 15 NORTH SUNSET BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **GULF BREEZE FL 32561** ☐ Delete Change TITLE TITLE RAINWATER, NANCY G NAME 1900 LEYDEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DENVER CO 80220 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-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

1/2007 1/5-436-3653 SIGNATURE: