

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026940

1. Entity Name

STRETCH-N-GROW OF PENSACOLA INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90056 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1021 WONDERWOOD CT  
PENSACOLA FL 32514

1021 WONDERWOOD CT  
PENSACOLA FL 32501-6757

2. Principal Place of Business

11586 WICKERHILL PL  
Suite, Apt. #, etc.

3. Mailing Address

11586 WICKERHILL PL  
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

U.S.

Zip

32514

Country

U.S.

4. FEI Number

59-3505994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Chylbe Morgan

Street Address (P.O. Box Number is Not Acceptable)

11586 WICKERHILL PL

City

Pensacola

FL

Zip Code

32514

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

*Chylbe Morgan*

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, 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 **D** ☒ Delete  
NAME **CHRISTNER, WENDI M**  
STREET ADDRESS **1021 WONDERWOOD CT**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete  
NAME **CHRISTNER, MICHAEL A**  
STREET ADDRESS **1021 WONDERWOOD CT**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D / President** ☒ Change ☐ Addition  
NAME **Chylbe Morgan**  
STREET ADDRESS **11586 WICKERHILL PL**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **D / Vice President** ☒ Change ☐ Addition  
NAME **Scott Morgan**  
STREET ADDRESS **11586 WICKERHILL PL**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

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

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

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

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:

*Chylbe Morgan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 (850)937-9097

Date

Daytime Phone #

CH2E034 (9/99)