2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Na	DIVICINI # PS	ISES, INC.		03-03-2003 90448 033 ***150.00		
	ace of Business DIDO KEY DR A FL 32507	Mailing Address 14110 PERDIDO KEY DE UNIT CI PENSACOLA FL 32507	R		~ Alancalur anda ind lod	
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 59-3544930	Applied For	
Zip Country		Zip	Country 5. Certificate of Status Desired Fee Required Fee Required			
	6. Name and Address of	Current Registered Agent	<u> </u>	7. Name and Address of New Registered Age		
		-	Name			
	N, JERRY W	· • • · · · · · · · · · · · · · · · · ·	Street Address	(P.O. Box Number is Not Acceptable)		
THIS TENDING NET DIT				(F.O. box number is not Acceptable)		
#CI						
PENSACOLA FL 32507			City	Zip Code		
SIGNATURE	Signature, typed or printel name of regis	ived agent and title if applicable. (NOT	s registered office or registe E: Registered Agent signature require	ered agent, or both, in the State of Florida. am famil	ar with, and accept	
Afte	FILE NOV!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00 tment of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	P	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
NYAME STREET ADDRESS CITY-ST-ZIP	SHELTON, JERRY W 14110 PERDIDO KEY DR PENSACOLA FL 32507	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE ,		□ Delete	TITLE			
NAME Street address · City-st-zip	<u>.</u>		NAME STREET ADDRESS CITY-ST-ZIP	LI(Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	ertify that the information and	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c	hange Addition	
		iski viliti iliis uilla anes not avality for t	too overenties stated in O.	-H 440 07/61/11 EL 11 -		

indicated on this report or supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR