

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2001 8:00 am
Secretary of State

05-24-2001 90496 048 ***150.00

DOCUMENT # P98000056346 ✓			
1. Entity Name Sabine Steamer			
Principal Place of Business 715 Pensacola Beach Blvd Pensacola Beach FL 32516		Mailing Address	
2. Principal Place of Business		3. Mailing Address 400 Pickens Ave Suite, Apt. #, etc. 186	
City & State		City & State Pensacola FL	
Zip	Country	Zip 32503	Country Escambia
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent John P. Monroe 215 Bayou Blvd. Pensacola, FL 32503		7. Name and Address of New Registered Agent	
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 John P. Monroe <u>4/30/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary L Horton 400 Pickens Ave # 186 Pensacola, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gary L Horton		<u>4/30/01</u> <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)