

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063828

1. Entity Name
PERDIDO SHELL, INC.

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 044 ***150.00

Principal Place of Business
17100 PERDIDO KEY DR.
PENSACOLA FL 32507

Mailing Address
127 EAST ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

C/O
Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501

DO NOT WRITE IN THIS SPACE

City & State

Number 59-3523483

Applied For
Not Applicable

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS AND SANDFORT ACCOUNTANTS
127 EAST ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501

Name
Bass and Sandfort Accountants PA
Street
1301 West Garden Street
City
Pensacola, FL 32501

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]

(Print Name, Title, and Address of Registered Agent, Secretary, or Treasurer)

DATE

VP. 1/22/03

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	D	HANCOCK, JAKE	17100 PERDIDO KEY DR. PENSACOLA FL 32507	☐
	VP	HANCOCK, JEAN	17100 PERDIDO KEY DRIVE PENSACOLA FL 32507	☐
				☐
				☐
				☐
				☐
				☐

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

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

2/11/03

Date

Expiring 1/1/04