## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000108458 MAHOGANY MILL ROAD CORPORATION 03-20-2000 90062 003 \*\*\*150.00 Mailing Address Principal Place of Business 10346 COUNTY ROAD 99 1220 MAHOGANY MILL RD. LILLIAN AL 36549-5554 PENSACOLA FL 32507 ~~~ 100 10 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBER, JAMES M Street Address (P.O. Box Number is Not Acceptable) 3 WEST GARDEN ST., 7TH FLOOR PENSACOLA FL 32501 Zip Code FI 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) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE PD ☐ D∈lete TITLE NAME VIRGIN, WILLIAM B JR. NAME STREET ADDRESS STREET ADDRESS 10346 COUNTY RD. 99 CITY-ST-ZIP CITY-ST-ZIP LILLIAN AL 36549 Change Addition ☐ Delete TITLE VSD NAME VIRGIN, LINDA S STREET ADDRESS STREET ADDRESS 10346 COUNTY RD. 99 CITY-ST-ZIP CITY-ST-ZIP LILLIAN AL 36549 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 697, 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: 1/V 1/1 a m 5. Viva m , 5 v . V / M / V / M / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/15/2000 (334) 961-Date Daytime Phone #