## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

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## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P9900002700 SEVILLE PLACE, INC. 04-28-2001 90087 026 \*\*\*150.00 Principal Place of Business Mailing Address 8402 WILLIAMSBURG CIRCLE 8402 WILLIAMSBURG GIRCLE PENSACOLA FL 32614 PENSACOLA-FL-32514-3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3555752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6,. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent WESTMORELAND, J. LOFTON Street Address (P.O. Box Number is Not Acceptable) 220 WEST GARDEN ST., SUNTRUST TOWER 9TH FLOOR PENSACOLA FL 32501 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE CR2E034 (10/00) TITLE Shortall, Wilme W. SHORTALL, WILMA W NAME NAME 618 E. Government Street 8402 WILLIAMSBURG CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pensicala FI CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete TITLE TITLE ware, D. Wayne WARE, D. WAYNE NAME NAME 624 E. Government Street 8402 WILLIAMSBURG CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 noco la . F1 3250. - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if