2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900014720 1. Entity Name S D S OF WEST FLORIDA, INC.					FILED SECRETARY OF STATE TALLAHASSEE FLORIDA OI OCT -3 AM 10: 47		
Principal Place of Business 1412 W FAIRFIELD DR 12 PENSACOLA FL 32501		Mailing Address 1412 W FAIRFIELD DR 12 PENSACOLA FL 32501			RENSTATIONED TOE		
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17548 SW 13 ^{+h} St. Suite, Apt. #, etc.					
City & State		City & State Pines, FL		<u>-,</u>	4. FEI Number 58-246533		Applied For
Zip	Country	Zip 33029	Country U.S.		5. Certificate of Status Desired	\$8. %	Not Applicable Viditional kired
703 BOXWOOD DIRVE				Snow	ress (P.O. Box Number is Not Acceptable)		
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 Signatural Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOW, JUDITH L 17548 SW 13 ST PEMBROKE PINES FL 33029	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OF 400041 -10/17 *****7	□ Chang 63 9824 /0101052	e
TITLE NAME Street address City-St-Zip	D DANIELS, IRA C III 476 FILMORE DR JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D Byers, Jerome 3552 Uphill Terr Jacksonville FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- ~~-• ☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNOW, MICHAEL J 7100 PENINSULA DR PENSACOLA FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 703 Pen	Boxwood Drive Boxwood Drive	1 Chang 	e
TITLE Name Street Address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000	w, Wayne L. 18 SW 13 St. broke Pines, 1	_ Chang	-
TITLE NAME PREET ADDRESS Y-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition
of the cor	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	rue and accurate and that my vered to execute this report a	v signature shali h	ave the sai	me legal effect as if made under	nath: that I am an offic	or or director

SIGNATURE: DESCRIPTION STORES AND STORES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Description Phone #