2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90037 008 ***150.00

DOCUMENT # P99000021738

1. Entity Name
89, INC.

Principal Place of Business	Mailing Address
847 NORTH NAVY STREET SUITE 206 PENSACOLA FL 32501	127 E ZARAGOZA ST SUITE 206 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2620 N 12th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Pensacola
Zip / Country	Zip FL / Country 32503

4. FEI Number 59-3425830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS & SANDFORT ACCOUNTANTS
127 E ZARAGOZA ST
STE 206
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name: Bass + Sandfort Accountants
Street Address (P.O. Box Number is Not Acceptable): 2620 N 12th Ave
City: Pensacola FL Zip Code 32503

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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	PSTD HUA, WILLIAM V 847 NORTH NAVY STREET PENSACOLA FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: ______ Bill Hua 1/15/02 850-458-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (10/01)