

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049270

1. Entity Name

SPOTTERS' BIRD WATCHER SHOPPE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90247 041 ***150.00

Principal Place of Business

Mailing Address

3285 NIGHT HAWK LANE
PENSACOLA FL 32506

3285 NIGHT HAWK LANE
PENSACOLA FL 32506-9668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

127 E Zaragoza St.
Suite 206
Pensacola FL 32501

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579779

Applied For

Not Applicable

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

SANDFORT
BASS & SANDFORT ACCOUNTANTS INC.
127 EAST ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32506

Name

PIS Correct

Street Address (P.O. Box Number is Not Acceptable)

Spelling

City

FL

Zip Code

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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | PD | <input type="checkbox"/> Delete |
| NAME | FURR, PATRICIA | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | FURR, KATHLEEN | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FURR, KELLY | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FURR, JAMES | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| 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 of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empow...

Signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Patricia Furr

Date

Daytime Phone #

2/24/00 492-1415

CR2E034 (9/99)