

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90122 038 ***150.00

DOCUMENT # P99000049270

1. Entity Name

SPOTTERS' BIRD WATCHER SHOPPE, INC.

Principal Place of Business

**3285 NIGHT HAWK LANE
PENSACOLA FL 32506**

Mailing Address

**711 W GARDEN ST
PENSACOLA FL 32501**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2620 N 12th Ave

Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

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

**BASS & SANDFORT ACCOUNTANTS INC
127 EAST ZARAGOZA STREET 711 W. GARDEN ST.
SUITE 200
PENSACOLA FL 32506 32501**

7. Name and Address of New Registered Agent

Name

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 Director (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, 2002 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

| | | |
|----------------|-----------------------------|--------|
| TITLE | PD | Delete |
| NAME | FURR, PATRICIA | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | VP | Delete |
| NAME | FURR, JAMES | |
| STREET ADDRESS | 3285 NIGHT HAWK LANE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|---------------------|--------|-------------------------------------|
| TITLE | | Change | Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change | Addition |
| NAME | JANE LEWIS | | <input checked="" type="checkbox"/> |
| STREET ADDRESS | SAME ADDRESS | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change | Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change | Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | Change | Addition |
| 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 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:

PATRICIA H. FURR (PATRICIA H. FURR)

Date

Daytime Phone #

CR2E034 (9/01)