

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000051334

1. Entity Name

ENT PARTNERS, INC.

Principal Place of Business

Mailing Address

125 W. ROMANA ST., STE. 224  
PENSACOLA FL 32501125 W. ROMANA ST., STE. 224  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

4521 N. Davis Hwy.

4521 N. Davis Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32503

USA

32503

USA

4. FEI Number 59-3583951

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

LOZIER, DANIEL R

125 W. ROMANA ST., STE. 224  
PENSACOLA FL 32501

Name Daniel R. Lozier

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

24 West Chase ST.

City Pensacola

FL

Zip Code 32501

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 (app. only)

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. 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  
NAME SCHNEIDER, THOMAS R  
STREET ADDRESS 4511 N DAVIS HWY BLDG C-1  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE VD  
NAME CLARK, WILLIAM B  
STREET ADDRESS 4511 N DAVIS HWY BLDG C-1  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Schneider, MD

Date

850-484-0520

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90191 019 \*\*\*150.00

974182



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)