

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056026

1. Entity Name

RAWSON & CO., INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90087 039 ***150.00

Principal Place of Business

Mailing Address

121 PALAFAX PLACE, STE.C
PENSACOLA FL 32501

121 PALAFAX PLACE, STE.C
PENSACOLA FL 32501-5635

2. Principal Place of Business

5962 Commerce Rd.

3. Mailing Address

5962 Commerce Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

58-2489569

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

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

RAWSON, CODY
18 TRISTAN WAY
PENSACOLA BEACH FL 32561

Name

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

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]
Darrin J. Johnson / Sec

[Signature]
Cody Rawson 3-20-00

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 P
NAME Cody Rawson
STREET ADDRESS 18 Tristan Way
CITY-ST-ZIP Pensacola Beach, FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME Darrin Johnson
STREET ADDRESS 4537 Bostic Ln.
CITY-ST-ZIP Pace, FL 32571

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

[Signature]
Darrin J. Johnson

3-21-00

850-626-8985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)