

2000 UNIFORM BUSINESS REPORT (UBR)

1/28

FILED

Apr 24, 2000 8:00 am
Secretary of State

01-28-2000 90070 026 ***150.00

DOCUMENT # P99000056070

1. Entity Name

PENSACOLA MERCHANDISE LIQUIDATORS, INC.

Principal Place of Business

Mailing Address

1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

1305 NORTH 9TH AVENUE
PENSACOLA FL 32503-5925

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

4. FEI Number

59-3583197

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

BASS & SANDFORT ACCOUNTANTS, INC.
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PSE Sec
MAGEE, KEITH
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V-P
JOHNSON, JEFF
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
JOHNSON, WARREN
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D - Pres
MAGEE, LEAH
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
JOHNSON, GLENNA
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NO Longer Pres

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

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☐ Change

☐ Addition

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:

Keith Magee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

Daytime Phone #

810-432-1525

CR2E034 (9/99)