

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064056

1. Entity Name

ESCAMBIA SANTA ROSA BUILDING & REMODELING, INC.

Principal Place of Business

3280 DUNAWAY DRIVE  
PENSACOLA FL 32526

Mailing Address

3280 DUNAWAY DRIVE  
PENSACOLA FL 32526-9324

2. Principal Place of Business

3280 DUNAWAY LANE

3. Mailing Address

3280 DUNAWAY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PENSACOLA, FL.

City & State  
PENSACOLA, FL.

4. FEI Number  
59-3589213

Applied For  
Not Applicable

Zip  
32526

Country  
USA

Zip  
32526

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

KIRKSEY, SAMANTHA  
3280 DUNAWAY DRIVE  
PENSACOLA FL 32526

Name  
JASON R. MOSLEY

Street Address (P.O. Box Number is Not Acceptable)  
3280 DUNAWAY LANE

PENSACOLA FL 32526

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 *Jason R. Mosley*  
Signature, typed or printed name of registered agent and title if applicable

*Jason R. Mosley*  
(NOTE: Registered Agent signature required when reinstating)

DATE  
4-11-00

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MOSLEY, JASON<br>1878 E. NINE MILE ROAD, APT. 714<br>PENSACOLA FL 32514 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KIRKSEY, SAMANTHA<br>3280 DUNAWAY DRIVE<br>PENSACOLA FL 32526           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VERNON K. YORK<br>2608 W. JACKSON ST.<br>PENSACOLA, FL 32505 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WAYNE E. FOX<br>824 MICHIGAN AVE<br>PENSACOLA, FL. 32505     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jason R. Mosley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90092 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)