

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90015 014 ***150.00

DOCUMENT # P99000093049

1. Entity Name
BIG BEND MLS, INC.

Principal Place of Business

**316 W. GREEN ST.
 PERRY FL 32347**

Mailing Address

**316 W. GREEN ST.
 PERRY FL 32347**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3618084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, GRADY C JR.
 316 W. GREEN ST.
 PERRY FL 32347**

7. Name and Address of New Registered Agent

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, 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 MOORE, GRADY C JR.
STREET ADDRESS 316 W. GREEN ST.
CITY-ST-ZIP PERRY FL 32347

TITLE VSD ☐ Delete
NAME SHEFFIELD, VIVIAN
STREET ADDRESS 1407 N. MAIN ST.
CITY-ST-ZIP PERRY FL 32347

TITLE TD ☐ Delete
NAME MILLIRON, ROY
STREET ADDRESS 100 S. RANGE ST.
CITY-ST-ZIP MADISON FL 32347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
 ARJ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
 ARJ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
 ARJ

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 ARJ

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

Date

Daytime Phone #

1/8/2002 850/584-7514

CR2E034 (9/01)