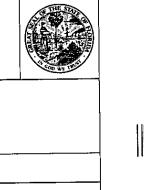
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S21968 **DOCUMENT #** 

1. Entity Name

NORTHWEST FLORIDA MANAGEMENT CORPORATION



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90161 045 \*\*\*150.00

Principal Place 1589 HIGHWAY PENSACOLA FL JS		Mailing Address P. O. BOX 3280 PENSACOLA FL 32516 US										
2. Principal Pl	ace of Business	3. Mailing Address					1181					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State	9	City & State				4	4. FEI Number 59-3044643			<u> </u>	plied For t Applicable	
Zip Country		Zip	.Zip		Country		. Certific	cate of Status Desired	a 🗆	\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Curren	t Registered	Agent			7	. Name	and Address of Nev	v Registered	Agent		
4504-TWIN STE-101	, JOANNE F <del>  OAKS DRIV</del> E					Name Andrews, JOANNE F.  Street Address (P.O. Box Number is Not Acceptable) 7589 Hwy. 98 West  City  City  Zip Code						
PENSACO	<del>LA FL-32506</del> -		ļ			Pens		1.0	F	L Zip Code	506	
the obligat SIGNATURE . F	named entity submits this statement ions of registered agent.  Signature, types of frinted name of registered agent.  Signature, types of frinted name of registered agent.  ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department.	Asdress and title it applica	JOAN	UNE F	Rohma Agent signature	n·Pres	side na en reinstatin	<u></u>	2-5 DATE	<u>-03</u> _ \$5.0	May Be	
	OFFICERS AN		<u> </u>	11.	<del></del>		ADDITIO	ONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
	PD ANDREWS, JOANNE F 3551 BEACH HAVEN COVE DRI PENSACOLA FL 32507		☐ Delete	TITLE NAMI STRE					,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	VD FANNING, CLIFFORD E. 333 S. 61ST AVE., #1 PENSACOLA FL 32506	E. Delete					ار د سست	معاد مورسا معدد يا اردي	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TENONOGEA ILE. GEORGIA		☐ Delete	1						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ,	, 41	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied v	it vith this filing o	☐ Delete	CITY	EET ADDRESS '-ST-ZIP	ed in Sect	ion 119.	07(3)(i), Florida Statu	tes. I further	☐ Change	☐ Addition	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriation or on an attachment with an address, with all other like empowered.

SIGNATURE: