

DOCUMENT # S58301

1. Entity Name  
FORT. WALTON BUSINESS MACHINES, INC.

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90028 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
213 HOLLYWOOD BLVD NE  
213 HOLLYWOOD BLVD NE  
FORT WALTON FL 32548  
US

Mailing Address  
213 HOLLYWOOD BLVD NW  
213 HOLLYWOOD BLVD NE  
FORT WALTON FL 32548  
US

2. Principal Place of Business  
213 Hollywood Blvd NE

3. Mailing Address  
213 Hollywood Blvd NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fort Walton Beach, FL 32548

City & State  
Fort Walton Beach, Florida

4. FEI Number 59-3076243  
Applied For  
Not Applicable

Zip 32548  
Country USA

Zip 32548  
Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MURDAUGH, JOHNNAN  
1968 CHURCH ST.  
GULF BREEZE FL 32561

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LANGE, KENNETH M. 357 HOLLYWOOD BLVD., NE FT. WALTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: Kenneth Lange  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-5-01 Daytime Phone # 850 243 2071

CR2E034 (10/00)