

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90087 029 \*\*\*150.00

**DOCUMENT # 829598**

1. Entity Name  
**PURCELL CO., INC.**



Principal Place of Business  
**4401 EAST ALOHA DR  
DIAMONDHEAD MS 39525  
US**

Mailing Address  
**4401 EAST ALOHA DR  
DIAMONDHEAD MS 39525  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **64-0476721**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPT	TITLE	
NAME	ALEXANDER, BILLY G.	NAME	
STREET ADDRESS	4401 EAST ALOHA DR	STREET ADDRESS	
CITY-ST-ZIP	DIAMONDHEAD MS	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	JOFFE, CARL H	NAME	
STREET ADDRESS	4401 EAST ALOHA DR	STREET ADDRESS	
CITY-ST-ZIP	DIAMONDHEAD MS	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	HECTOR, HOLCOMB P	NAME	
STREET ADDRESS	4401 EAST ALOHA DR	STREET ADDRESS	
CITY-ST-ZIP	DIAMONDHEAD MS	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	JAMES, ARTIS E	NAME	
STREET ADDRESS	4401 EAST ALOHA DR	STREET ADDRESS	
CITY-ST-ZIP	DIAMONDHEAD MS	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCCOWN, JOHN	NAME	
STREET ADDRESS	4401 EAST ALOHA DR	STREET ADDRESS	
CITY-ST-ZIP	DIAMONDHEAD MS	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Billy G. Alexander, Vice President**

January 9, 2003 (228) 255-7773

Date

Daytime Phone #