2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # 219738** 1. Entity Name PANAMA MARINE, INC. 04-19-2000 90245 015 ***150.00 Principal Place of Business Mailing Address 202 W. SIXTH ST. 202 W. SIXTH ST. P.O.BOX 1879 P.O.BOX 1879 PANAMA CITY FLA 32402-1879 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0859829 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISLER, CHARLES S. Street Address (P.O. Box Number is Not Acceptable) 434 MAGNOLIA AVE PANAMA CITY FL 32401 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete ☐ Addition TITLE NAME ZERBACH, J.R. NAME Zerbach, J. R. 129 Palm Crossings Blvd. STREET ADDRESS STREET ADDRESS 129 PALM CROSSINGS BLVD. CITY-ST-ZIP CITY-ST-ZIE PANAMA CITY FL <u> Panama City, Fl. 32408</u> X Change ☐ Addition TITLE ☐ Delete TITLE NAME ZERBACH, J. RUSSELL JR NAME Zerbach, J. Russell Jr. STREET ADDRESS STREET ADDRESS 129 PALM CROSSING BLVD 8813 Georgette St. CITY-ST-ZIP CITY-ST-ZIP Panama City, F1. 32407 PANAMA CITY FL ☐ Change Addition Delete TITLE NAME Zerbach, June C. NAME STREET ADDRESS STREET ADDRESS 129 Palm Crossing Blvd. CITY-ST-ZIP CITY-ST-ZIP Panama City, F1, 32408 ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: SIGNATURE SIGNATURE AND DEPOSITION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANS - P