

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90243 003 ***150.00

DOCUMENT # 653579

1. Entity Name
RON'S KAWASAKI, INC.



Principal Place of Business
**2320 W. HWY 98
PANAMA CITY FL 32401
US**

Mailing Address
**2320 W. HWY 98
PANAMA CITY FL 32401
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1960221**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEORGE, WALTER B
2320 W. HIGHWAY 98
PANAMA CITY FL 32401**

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

TITLE	DP	☐ Delete
NAME	GEORGE, RONALD L	
STREET ADDRESS	1304 FRANKFORD AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TS	☐ Delete
NAME	ANDREWS, PAMELA S.	
STREET ADDRESS	1304 FRANKFORD AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	☐ Delete
NAME	GEORGE, WALTER B.	
STREET ADDRESS	1304 FRANKFORD AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	☐ Delete
NAME	TRACI S. WALDO	
STREET ADDRESS	1304 FRANKFORD AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☐ Delete
NAME	GEORGE, GRACE L	
STREET ADDRESS	1304 FRANKFORD AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Walter B. George
WALTER B. GEORGE
SIGNATURE REQUIRED

2-11-03, (850) 763-1654

Date

Daytime Phone #

CR2E034 (10/02)