

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016386 AB

DOCUMENT # L97000000245

1. Entity Name

PANOPTIC, L.L.C.

Principal Place of Business

24 SOUTH RIVER STREET  
WILKES-BARRE PA 18703

Mailing Address

24 SOUTH RIVER STREET  
WILKES-BARRE PA 18702-2406

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

65-0762599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



FILED  
00 MAR 23 PM 2: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATTON, DOUGLAS D ESQ.  
407 LINCOLN ROAD  
SUITE 2B  
MIAMI BEACH FL 33139

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM SHOVAL, Y. JUDD ☐ Delete  
STREET ADDRESS 24 SOUTH RIVER STREET  
CITY-ST-ZIP WILKES-BARRE, PA 18703

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

TITLE NAME MEM SHOVAL, SUSAN W ☐ Delete  
STREET ADDRESS 24 SOUTH RIVER STREET  
CITY-ST-ZIP WILKES-BARRE PA 18703

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003198224--8  
CITY-ST-ZIP -04/06/00--01054--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00

Date

570-829-2101

Daytime Phone #

CR2E083 (9/99)