

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90040 025 ***150.00

DOCUMENT # P00000016098

1. Entity Name
PANAMA MACKS OF PCB FL, INC.

Principal Place of Business Mailing Address
10510 FRONT BEACH ROAD, SUITE 157 **10510 FRONT BEACH ROAD, SUITE 157**
PANAMA CITY BEACH FL 32407 **PANAMA CITY BEACH FL 32407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3607494	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MADDOX, JOSEPH E 538 HARMON AVENUE 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINS, GAY K	NAME	LEVINS, JOHN W		
STREET ADDRESS	10510 FRONT BEACH ROAD # 157	STREET ADDRESS	1115 FRIENDSHIP AVE		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINS, WESLEY M	NAME			
STREET ADDRESS	10510 FRONT BEACH ROAD # 157	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFIELD, CYNTHIA GAY L	NAME			
STREET ADDRESS	33931 LEE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 33034	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: GAY K. LEVINS *Gay K. Levins* 04-08-2002 850-234-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)