


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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90489 014 \*\*\*150.00

**DOCUMENT # 219738**

1. Entity Name  
**PANAMA MARINE, INC.**



Principal Place of Business  
**202 W. SIXTH ST.  
P.O. BOX 1879  
PANAMA CITY FL 32402**

Mailing Address  
**202 W. SIXTH ST.  
P.O. BOX 1879  
PANAMA CITY FL 32402**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-0859829**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ISLER, CHARLES S.  
434 MAGNOLIA AVE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ZERBACH, J.R. 129 PALM CROSSINGS BLVD. PANAMA CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ZERBACH, J. RUSSELL JR 8813 GEORGETTE ST. PANAMA CITY BEACH FL 32407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC ZERBACH, JUNE C. 2862B Harrison Ave. Panama City, FL 32405</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2003 850-785-4661  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

10030387

219738

2/27/03 10:57

PANAMA MARINE, INC.  
PRINT EDIT OF SELECTED A/P

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VENDOR	VENDOR NAME	INVOICE #	DESCRIPTION	DUE DATE	GROSS	DISCOUNT	NET
FDS	FLORIDA DEPT OF STATE	219738	FLORIDA DEPT OF STATE	2/27/03	150.00	0.00	150.00
			VENDOR TOTALS - PAYABLES		150.00	0.00	150.00
			MANUALS				
			PREPAIDS				
PMM	PANAMA MARINE	3475	PANAMA MARINE	2/27/03	1,200.00	0.00	1,200.00
			INVOICE PRE-PAID BY MANUAL CHECK- 3475 DATED 2/27/03				
			VENDOR TOTALS - PAYABLES				
			MANUALS				
			PREPAIDS		1,200.00	0.00	1,200.00
			GRAND TOTAL - PAYABLES		150.00	0.00	150.00
			MANUALS				
			PREPAIDS		1,200.00	0.00	1,200.00