FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90041 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 267739

90100435

1. Entity Name
PANAMA CITY MARINA SERVICES, INC.

Principal Place of Business	Mailing Address
1319 ILLINOIS AVE LYNN HAVEN, FL 32444 US	1319 ILLINOIS AVE LYNN HAVEN, FL 32444 US

2. Principal Place of Business	3. Mailing Address
2343 Hwy 231	2343 Hwy 231
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY, FL	City & State: PANAMA CITY, FL
Zip: 32405 Country: BAY	Zip: 32405 Country: BAY

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1428812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAULDREN, PATRIA
1319 ILLINOIS AVE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2343 Hwy 231

City PANAMA CITY FL Zip Code 32405

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAULDEN, JAMES W. 3020 KING SHARBOUR RD PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: James Mauldin 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #