

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470354

1. Entity Name

PANAMA PINES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90109 006 ***150.00

Principal Place of Business

Mailing Address

8728 CR 2301
~~POST OFFICE BOX 685~~
YOUNGSTOWN FL 32466
US

PO BOX 237
LYNN HAVEN FL 32444-0237
US

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 59-1895780

Applied For

Not Applicable

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

HAMM, W. GERALD
1007 JENKS AVE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEWART, GABEW III
STREET ADDRESS 8728 CR 2301
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

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

TITLE VP
NAME STEWART, GABE W III
STREET ADDRESS 8728 CR 2301
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☒ Delete

TITLE V-P
NAME GABE W STEWART IV
STREET ADDRESS 8728 Country Rd 2301
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☒ Change ☐ Addition

TITLE STD
NAME STEWART, SALLY L
STREET ADDRESS 8728 CR 2301
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000

Date

(85) 722-4556

Daytime Phone #

CR2E034 (9/99)