

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90020 043 ***158.75

DOCUMENT # 532294

1. Entity Name
PANORAMA CUSTOM HOME BUILDERS, INC.

Principal Place of Business

**1108 N COLLIER BLVD
MARCO ISLAND FL 34145
US**

Mailing Address

**1108 N COLLIER BLVD
MARCO ISLAND FL 34145
US**

2. Principal Place of Business

1108 N. COLLIER BLVD.

Suite, Apt. #, etc.

MA

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

3. Mailing Address

1108 N. COLLIER BLVD.

Suite, Apt. #, etc.

MA

City & State

MARCO ISLAND FL

Zip

34145

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1757155

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, FREDRICK

850 NORTH COLLIER STE 201

SUNTRUST BLDG

MARCO ISLAND FL 34145

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.

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, 2002 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

TITLE **P** ☐ Delete
NAME **LANSDOWN, ROY**
STREET ADDRESS **1370 AUBURNDAL AVE**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **V** ☐ Delete
NAME **MARCH, DARRELL**
STREET ADDRESS **1108 N COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **V** ☐ Delete
NAME **LECROY-LANSDOWN, BARBARA**
STREET ADDRESS **1370 AUBURNDAL AVE**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **ST** ☐ Delete
NAME **NEEDLES, DEBORAH D**
STREET ADDRESS **904 JUNIPER COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DEBORAH D. NEEDLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

1/10/02 (941) 394-6605

Daytime Phone #

CR2E034 (9/01)