

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002489**

1. Entity Name  
**CREDIT BUREAU OF PANAMA CITY, LTD.**

Principal Place of Business  
**450 MAGNOLIA AVENUE  
PANAMA CITY FL 32401**

Mailing Address  
**P.O. BOX 1160  
PANAMA CITY FL 32402-1160**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3481104**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SALE, THOMAS JR  
602 HARRISON AVENUE, SUITE 1  
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.

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

9. Capital Contributions as Shown on record. **\$79,200.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000097205	STREET ADDRESS	
NAME	P.C.C.B. MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	450 MAGNOLIA AVENUE		
CITY - ST - ZIP	PANAMA CITY FL 32401		
DOCUMENT #		STREET ADDRESS	2000003217732--9
NAME		CITY - ST - ZIP	-04/20/00--01113--020
STREET ADDRESS			*****526.25 *****526.25
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CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Phyllis J. Sheppard* **2-14-2000** **850 763-7681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED  
00 APR -6 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2000-17

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