

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002489**

1. Entity Name

CREDIT BUREAU OF PANAMA CITY, LTD.

APPROVED
AND
FILED

02 APR 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

~~SALE-THOMAS JR~~
**602 HARRISON AVENUE, SUITE 1
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.

DATE

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**
NAME **P.C.C.B. MANAGEMENT, INC.**
STREET ADDRESS **450 MAGNOLIA AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **P.C.C.B. Management, Inc., General Partner**

SIGNATURE: *Phillip J. Chaffin*

APPROVED
Signature and typed or printed name of signing general partner

4/11/02 850 763-7681

Date

Daytime Phone #

0006894
AT

CR2E003 (9/01)