

2000 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # A99000002183

1. Entity Name
PANAMA PARADISE LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:39

Principal Place of Business _____ **Mailing Address** _____

2. Principal Place of Business 818 Country Club Drive Suite, Apt. #, etc.		3. Mailing Address 1818 Country Club Drive Suite, Apt. #, etc.	
City & State LYNN HAVEN, FL	City & State LYNN HAVEN, FL	Zip 32444	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613922 **Applied For** ☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent
SAMUEL B. MILLS
1818 Country Club Drive
LYNN HAVEN, FL 32444

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. Capital Contributions as Shown on record. 5,349,356	10. Amount of Capital Contributions in FLORIDA to date. 5,349,356	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 #	SAMUEL B. MILLS	STREET ADDRESS	
NAME	1818 Country Club Drive	CITY-ST-ZIP	LYNN HAVEN, FL 32444
STREET ADDRESS		CITY-ST-ZIP	LYNN HAVEN, FL 32444
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	CONNIE HARMAN MILLS	STREET ADDRESS	
NAME	1818 Country Club Drive	CITY-ST-ZIP	LYNN HAVEN, FL 32444
STREET ADDRESS		CITY-ST-ZIP	LYNN HAVEN, FL 32444
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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

SIGNATURE: Samuel B. Mills **SAMUEL B. MILLS** **2-24-2000** **850-265-3498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

CR2E003 (9/99)