## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

## Mar 07, 2002 8:00 am DOCUMENT # G64061 **Secretary of State** 1. Entity Name 03-07-2002 90233 037 \*\*\*150.00 THE PANTHER CORPORATION Principal Place of Business Mailing Address % L & M BAR % L & M BAR P.O. BOX 28 P.O. BOX 28 CEDAR KEY FL 32625 CEDAR KEY FL 32625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2339301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAYTON, JAMES E. .... Street Address (P.O. Box Number is Not Acceptable) 111 S.E. FIRST AVENUE GAINESVILLE FL 32601 Zip Code submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named 9 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Yax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete CR2E034 (9/01 <del>Í</del>HTLE-PDS TITLE ☐ Addition NASH, JAMES R. NAME STREET ADDRESS CEDAR GROVE FARM STREET ADDRESS CITY-ST-ZIP KING GEORGE VA CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME MARTINEAU, LINDA L&M BAR - SECOND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CEDAR KEY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ALTINEAU 2.18.02