

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37979

1. Entity Name

MANAGEMENT INFORMATION SYSTEMS OF PANAMA CITY, I

Principal Place of Business

% GARY WAKSTEIN
4412 DELWOOD LN
PANAMA CITY BEACH FL 32408

Mailing Address

% GARY WAKSTEIN
4412 DELWOOD LN
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

204 A Ellen Lane

3. Mailing Address

204 A Ellen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

Country

32408-5830

Zip

Country

32408-5830

4. FEI Number

59-2481247

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

WAKSTEIN, GARY
4412 DELWOOD LANE
PANAMA CITY FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

204 A Ellen Lane

City

Panama City Beach

FL

Zip Code

32408-5830

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WAKSTEIN, HY
CITY-ST-ZIP 2413 ISLAND VIEW DR
PANAMA CITY FL

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS WAKSTEIN, GARY
CITY-ST-ZIP 4412 DELWOOD LANE
PANAMA CITY BCH. FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 204 A Ellen Lane
CITY-ST-ZIP Panama City Beach, FL 32408-5830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90410 046 ***150.00

00044338



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)