

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90326 044 ***150.00

DOCUMENT # L93079

1. Entity Name

PANDA CONSTRUCTION, INC.

Principal Place of Business

**5130 W SHORE DR
NEW PORT RICHEY FL 34652
US**

Mailing Address

**P.O. BOX 1085
PORT RICHEY FL 34673**

2. Principal Place of Business

8124 Washington St.
Suite, Apt. #, etc.

3. Mailing Address

8124 Washington St.
Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco

4. FEI Number

65-0208953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONALD, PENNA
5130 W SHORE DR
N PT RICHEY FL 34652**

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.

Donald N Penns

(NOTE: Registered Agent signature required when reinstating)

2/22/01

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

TITLE **PSTD** ☐ Delete
NAME **DONALD, PENNA**
STREET ADDRESS **5130 W SHORE DR**
CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **V** ☐ Delete
NAME **ST. MARTIN, RONALD**
STREET ADDRESS **5451 TROPIC DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **V** ☐ Delete
NAME **Math P Wood**
STREET ADDRESS **5040 MOORE RD**
CITY-ST-ZIP **Holmdel FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Donald N Penns

Date

2/22/01

Daytime Phone #

727 815 9621

CR2E034 (10/00)