

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M08747

FILED  
Apr 05, 2003  
Secretary of State

Entity Name: PAN GULF REALTY CORP.

**Current Principal Place of Business:**

149 BOARDWALK AVE.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

4197 SENTINEL POST RD NW  
ATLANTA, GA 30327

**New Mailing Address:**

FEI Number: 59-2500164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHONBERG, IRA D.  
149 BOARDWALK AVE.  
PORT ST. JOE, FL 32456

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SCHONBERG, IRA D.,  
Address: 149 BOARDWALK AVE.  
City-St-Zip: PORT ST. JOE, FL

Title: TD ( ) Delete  
Name: SCHONBERG, IRA D.,  
Address: 149 BOARDWALK AVE.  
City-St-Zip: PORT ST. JOE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA D. SCHONBERG

PRES

04/05/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date