

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 048 ***150.00

DOCUMENT #

M95740

1. Entity Name

PANHANDLE INVESTMENTS AND REAL ESTATE SERVICES

DO NOT WRITE IN THIS SPACE

427303

2. Principal Place of Business

4997-A O'Niel Lane

3. Mailing Address

P O Box 180070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-2904720

Applied For
Not Applicable

Zip
32303

Country
USA

Zip
32318

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard L Pelham

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

4997-A O'Niel Lane

City

Tallahassee,

FL

Zip Code
32318

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

Richard L. Pelham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Mary R. Kneece
4997-A O'Niel Lane
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Dana Pelham
4997-A O'Niel Lane
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Mary R Kneece

Mary R Kneece

3/11/2002

(850) 562 6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #