

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90072 030 \*\*\*150.00

0124919-AT

**DOCUMENT # P00000016552**

1. Entity Name  
**PANGEA INSTITUTE CORP.**

Principal Place of Business  
**4631 BOWEN BAYOU RD.**  
**SANIBEL FL 33957**

Mailing Address  
**4631 BOWEN BAYOU RD.**  
**SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**COUGLIN, CHARLES R**  
**4631 BOWEN BAYOU RD.**  
**SANIBEL FL 33957**

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.

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
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 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-01

CR2E034 (5/01)

Attachment  
DH#P000000016552  
A0080571

Tuesday, July 31, 2001


Florida Department of State  
Division Of Corporations  
Re; Filing of 2001 Uniform Business Report

Dear Sirs,

My small corporation, Pangea Institute, was formed in the year 2000, and I did not receive, to my knowledge, a Notice to File a 2001 Uniform Business Report until a few weeks ago. I am submitting \$150. check and this Notice in the hope that you will waive the \$550. and accept the original \$150. for this first year.

Please consider my request that you forgive my beginner's ignorance about this requirement. I will be attentive to this in the future. The \$550 would be a real financial hardship since I retired in early 2000 and the corporation's activities have been limited by my health problems.

Please consider my request and apology,

  
Charles Coughlin  
4631 Bowen Bayou Road  
Sanibel Florida 33957