

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036662

1. Entity Name

PANAMA CITY MAGAZINE, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90291 034 ***150.00

Principal Place of Business

332 N. COVE BLVD.
PANAMA CITY FL 32401

Mailing Address

332 N. COVE BLVD.
PANAMA CITY FL 32401

2. Principal Place of Business

332 N. Cove Blvd.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1369

Suite, Apt. #, etc.

City & State

Panama City, Fla.

City & State

Panama City, Fla.

4. FEI Number

593658113

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32401

Country

USA

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

LOVEJOY, ASHELY

332 N. COVE BLVD.

PANAMA CITY FL 32401

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

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STRICKLAND, JANA**
STREET ADDRESS **332 N. COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **D** ☐ Delete
NAME **LOVEJOY, ASHLEY**
STREET ADDRESS **332 N. COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Ashley C. Lovejoy Ashley C. Lovejoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-01

Date

(850) 914-9806

Daytime Phone #

CR2E034 (10/00)