

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 025 ***150.00

DOCUMENT # *P00000054523*
1. Entity Name
PANAMA CITY BODY SHOP, INC.

DO NOT WRITE IN THIS SPACE

752122

2. Principal Place of Business 2625 W 23RD ST Suite, Apt. #, etc.	3. Mailing Address 2625 W 23RD ST Suite, Apt. #, etc.
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City & State PANAMA CITY, FL	City & State PANAMA CITY, FL	4. FEI Number 63-1252305	Applied For Not Applicable
Zip 32405	Country USA	Zip 32405	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DICKSON, TRAWEEK
Street Address (P.O. Box Number is Not Acceptable)
2625 W 23RD ST

City
PANAMA CITY **FL** Zip Code
32405

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/15/02
DATE

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	D DICKSON, TRAWEEK P.O. BOX 187 LOWNDESBORO, AL 36752
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, FREDY JOE 1542 TARA LN MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THAMES, JAMES MICHAEL 6307 TIMBERWOLF TR BIRMINGHAM, AL 35242
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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] **Traweck Dickson**

Date

3/15/02

Daytime Phone #