

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90115 044 ***158.75

DOCUMENT # P00000057432

1. Entity Name

JOHN PANGBURN MARINE, INC.

Principal Place of Business

P.O. BOX 18569
SARASOTA FL 34276

Mailing Address

P.O. BOX 18569
SARASOTA FL 34276

2. Principal Place of Business

4545 Mariotti Ct.

3. Mailing Address

P.O. Box 18569

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

City & State

Sarasota, FLA.

City & State

Sarasota, Fla.

4. FEI Number

65-1011981

Applied For

Not Applicable

Zip

34233

Country

Sarasota

Zip

34276

Country

Sarasota

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANGBURN, KRIS
133 LOOKOUT PT. DR.
OSPERY FL 34229

7. Name and Address of New Registered Agent

Name

Kris Pangburn

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

133 Lookout Pt. Dr.

City

Osprey

FL

Zip Code

34229

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]

Kristine L. Pangburn

1/18/01

(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 \$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

TITLE PD ☐ Delete
NAME PANGBURN, JOHN M
STREET ADDRESS P.O. BOX 18569
CITY-ST-ZIP SARASOTA FL 34276

TITLE VD ☐ Delete
NAME PANGBURN, KRISTINE
STREET ADDRESS P.O. BOX 18569
CITY-ST-ZIP SARASOTA FL 34276

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

[Signature] Kristine L. Pangburn V.P.

Date

Daytime Phone #

CR2E034 (10/00)