

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90186 009 ***558.75

DOCUMENT # P00000057432

1. Entity Name

JOHN PANGBURN MARINE, INC.

Principal Place of Business

**4545 MARIOTTI COURT
 STE H
 SARASOTA FL 34233**

Mailing Address

**P.O. BOX 18569
 SARASOTA FL 34276**



DO NOT WRITE IN THIS SPACE

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, Florida

City & State

Sarasota, Florida

Zip **34233**

Country

Sarasota

Zip

34276

Country

Sarasota

4. FEI Number

65-1011981

Applied For

Not Applicable

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)

913 Key Way

City

Nokomis,

FL

Zip Code

34275

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-02

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 13, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PANGBURN, JOHN M	
STREET ADDRESS	P.O. BOX 18569	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PANGBURN, KRISTINE	
STREET ADDRESS	P.O. BOX 18569	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-02 (941) 923-6996

Date

Daytime Phone #

CR2E034 (4/02)