

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90048 050 ***150.00

DOCUMENT # P01000002732

1. Entity Name

PANTHER CROSSING, INC.

Principal Place of Business

Mailing Address

**238 MAMIE ST.
 CHOKOLOSKEE FL 34138**

**238 MAMIE ST.
 CHOKOLOSKEE FL 34138**

2. Principal Place of Business

3. Mailing Address

PO Box 660

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chokoloskee, FL

4. FEL Number

59 3689913

Applied For

Not Applicable

Zip

Country

34138

Country

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

**BALL, CHARLES H
 1444 FIRST ST.
 SARASOTA FL 34236**

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, type name of registered agent and date 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, 2002 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 ☐ Delete
D
 NAME **SUMNER, AVERY**
 STREET ADDRESS **238 MAMIE ST.**
 CITY-ST-ZIP **CHOKOLOSKEE FL 34138**

☐ Change ☐ Addition
 TITLE
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 CITY-ST-ZIP

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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:

Avery Sumner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02
 Date

941 695 3633
 Daytime Phone #

CR2E034 (9/01)