5/2

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90307 003 ***150.00

96470

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000027762

1. Entity Name
PANIK INC.

Principal Place of Business	Mailing Address
2170 AMERICUS BLVD. S., #7 CLEARWATER FL 33763	2170 AMERICUS BLVD. S., #7 CLEARWATER FL 33763

2. Principal Place of Business	3. Mailing Address
7212 MAJESTIC BLVD.	7212 MAJESTIC BLV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE FL
Zip: 32566 Country: USA	Zip: 32566 Country: USA

4. FEI Number: 59-3704952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRANE, NICHOLAS C
2170 AMERICUS BLVD. S., #7
CLEARWATER FL 33763

NEW ADDRESS

7. Name and Address of New Registered Agent

Name: [illegible]
Street Address (P.O. Box Number is Not Acceptable): 7212 MAJESTIC BLV.
7212 MAJESTIC BLV.
City: NAVARRE FL Zip Code: 32566

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, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICHOLAS C. KRANE 7212 MAJESTIC BLV. NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/30/02 850 259-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #