

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90231 011 ***150.00

DOCUMENT # P01000028118

1. Entity Name
PANPRO REALTY, INC.

Principal Place of Business

**983 SIXTH AVE
 GRACEVILLE FL 32440**

Mailing Address

**P.O. BOX 361
 GRACEVILLE FL 32440-0361**

2. Principal Place of Business

5437 Cotton St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GRACEVILLE FL.

City & State

4. FEI Number

59-3734808

Applied For

Not Applicable

Zip

32440

Country

JACKSON

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, ROBERT F
 983 SIXTH AVE
 GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name **ROBERT F. COLLINS**
Street Address (P.O. Box Number is Not Acceptable) **5875 Madrid Rd**
City **MARIANNA** **FL** **Zip Code** **32446**

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 **Robert F. Collins**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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 \$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

TITLE **PRESIDENT** ☐ Delete
NAME **Robert F. Collins**
STREET ADDRESS **5875 Madrid Rd.**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **AMY M. PETERS**
STREET ADDRESS **1099 Hwy 171**
CITY-ST-ZIP **GRACEVILLE FL. 32440**

TITLE **SECRETARY** ☐ Delete
NAME **KATHRYN K. COLLINS**
STREET ADDRESS **5875 Madrid Rd**
CITY-ST-ZIP **MARIANNA FL. 32446**

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
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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: **Robert F. Collins** **ROBERT F. COLLINS** **1/10/02** **850 263 1966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)