2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P01000052495 1. Entity Name 03-14-2002 90060 004 ***158.75 P & M OF PANAMA CITY, INC. Mailing Address Principal Place of Business 3005 E. 11TH COURT 3005 E. 11TH COURT PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3737174 \$8.75 Additional Fee Required Zip Country Zip Country ---7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Phuong Pham Street Address (P.O. Box Number is Not Acceptable) 3005 E. 11th Court NGUYEN, MYLINH 3005 E. 11TH COURT PANAMA CITY FL 32401 Panama City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (9/01) Change Ch Delete President/Director TITLE TITLE NAME NGUYEN, BUT V Phat Tan Nguyen NAME STREET ADDRESS 3005 E. 11TH COURT 3005 E. 11th Court Panama City, FL 32401 STREET ADDRESS CITY-ST-7IP PANAMA CITY FL 32401 CITY-ST-ZIP Change TITLE Delete VP/Secretary TITLE NAME Phuong Pham NAME NGUYEN, DANNY D STREET ADDRESS 3005 E. 11th Court STREET ADDRESS 3005 E. 11TH COURT CITY-ST-7P CITY-ST-ZIP PANAMA CITY FL 32401 Panama City, FL 32401 Addition Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TILE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

G OFFICER OR DIRECTOR

FILED

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