2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055470

1. Entity Name
PANTHER EXPRESS, INC.

20010536

Principal Place of Business
2454 AUGUSTINE CT
TALLAHASSEE FL 32311

Mailing Address
2454 AUGUSTINE CT
TALLAHASSEE FL 32311

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☑ CHECK HERE IF MAKING CHANGES
City & State	City & State	**4.** FEI Number ~~APPLIED FOR~~ 02-0555293 · Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENIEN, BEVERLY F

2454 AUGUSTINE CT

TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS $150.00
~~After May 1, 2003 Fee will be $550.00~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D**	☐ Delete		TITLE		☐ Change	☐ Addition
NAME **QUARANTA, FRANK**			NAME			
STREET ADDRESS **4540 SW 34TH DRIVE**			STREET ADDRESS			
CITY-ST-ZIP **FT LAUDERDALE FL 33312**			CITY-ST-ZIP			
TITLE	☐ Delete		TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
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TITLE	☐ Delete		TITLE		☐ Change	☐ Addition
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___ SIGNATURE REQUIRED ___ 1/14/03 9548940494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #