

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90188 009 ***150.00

DOCUMENT # P01000117395

1. Entity Name
PANAMINT, INC.

Principal Place of Business
14260 - 82ND AVENUE NORTH
SEMINOLE FL 33776

Mailing Address
14260 - 82ND AVENUE NORTH
SEMINOLE FL 33776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593761465

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS CTY
980 TYRONE BOULEVARD
ST. PETERSBURG FL 33710

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.

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

TITLE **PTD** ☐ Delete
NAME **ANDERSEN, ROGER W**
STREET ADDRESS **14260 - 82ND AVENUE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **S.D.** ☐ Delete
NAME **RICHARDSON, III, CHARLES E**
STREET ADDRESS **880 MANDALAY AVENUE SOUTH, 713**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VP,D** ☐ Delete
NAME **ECK, RANDALL**
STREET ADDRESS **7548 TRANSON COURT**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VP,D** ☐ Delete
NAME **HAMEL, DAVE B**
STREET ADDRESS **2230 COUNTY ROAD 124**
CITY-ST-ZIP **CHEYENNE WY 82009**

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 **S.D.** ☒ Change ☐ Addition
NAME **Richardson, III, Charles E**
STREET ADDRESS **3211 Cliff Rd.**
CITY-ST-ZIP **BIRMINGHAM AL 35205**

TITLE **VP,D** ☒ Change ☐ Addition
NAME **ECK RANDALL**
STREET ADDRESS **309 Carmel Circle**
CITY-ST-ZIP **Ridgeway, CA 93555**

TITLE **VP,D** ☒ Change ☐ Addition
NAME **HAMEL, DAVE B**
STREET ADDRESS **401 W. Nowell**
CITY-ST-ZIP **Ridgeway, CA 93555**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 **727643 7459**
 Date Daytime Phone #

0013139 AT

CR2E034 (9/01)