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4-15-02 850-236644/

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # P01000121400 1. Entity Name 04-24-2002 90321 006 ***150 00 PANAMA COWBOY, INC. Principal Place of Business Mailing Address 13006 FRONT BEACH ROAD 13006 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional Country-...Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYCO ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 8406 PCB PRKWY SUITE L PANAMA CITY BEACH FL 32407 City Zip Code FL 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) 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition HILL, SHERRY Palms Dr. NAME NAME 136 Treasure Palms Dr 136 TREASURE-BEACH ROAD STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407-CITY-ST-ZIP CITY-ST-ZIP Panama City Beach, F1 32408 ☐ Delete TITLE TITLE Change ☐ Addition GOODWIN, MELISSA NAME NAME 929 MARINA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP PANAMA CITY BEACH FL 32407 Change TITLE ☐ Delete TITLE Addition HILL, JAMES T Falms DY. 136 TREASURE BEACH ROAD NAME NAME 136 Treasure Palms Dr STREET ADDRESS STREET ADDRESS Panama City Beach, Fl 32408 CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.