


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

04-21-2003 91063 040 ***150.00

DOCUMENT # P02000106310	
1. Entity Name PANTHER PROPERTIES OF NORTHWEST FLORIDA INC.	

Principal Place of Business POST OFFICE BOX 1061 EASTPOINT FL 32328	Mailing Address POST OFFICE BOX 1061 EASTPOINT FL 32328
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2. Principal Place of Business 37 EAST PINESY SUITE D Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 424 Suite, Apt. #, etc.
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City & State ST. GEORGE ISLAND, FL	City & State EASTPOINT, FL
Zip 32328	Zip 32328
Country FRANKLIN	Country FRANKLIN

4. FEI Number 51-0429488	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELCH, ANTHONY L 111 PATTY LANE EASTPOINT FL 32328	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Theresa L. Ford, Sec.</i>	DATE 4/17/03

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELCH, ANTHONY POST OFFICE BOX 1061 EASTPOINT FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, THERESA L POST OFFICE BOX 1061 EASTPOINT FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Theresa L. Ford, Sec.</i>	DATE 4/17/03

CR2E034 (10/02)