

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19821

1. Entity Name

WANT ADS OF PANAMA CITY, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90220 024 ***150.00

Principal Place of Business

2317 EAST 15TH STREET
PANAMA CITY FL 32405
US

Mailing Address

20011 EMERALD COAST PARKWAY
5373 HIGHWAY 98 EAST
DESTIN FL 32540
US

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 **59-2893294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC
526 E. PARK AVE
SUITE 105
TALLAHASSEE FL 32301

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **EARLES, CHARLES E**
STREET ADDRESS **20011 EMERALD COAST PARKWAY**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME **Director only**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KERR, FRANK**
STREET ADDRESS **2317 E 15TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **T** ☐ Delete
NAME **KERR, PAM**
STREET ADDRESS **2317 E15TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **D** ☐ Delete
NAME **CHRISTENSEN, ROBERT L**
STREET ADDRESS **20011 EMERALD COAST PARKWAY**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **TREESE, HARRY S**
STREET ADDRESS **3901 WEST WACO DRIVE**
CITY-ST-ZIP **WACO TX 76710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Kimberly Modlin Secretary**
STREET ADDRESS **20011 Emerald Coast Pkwy**
CITY-ST-ZIP **Destin, FL 32541**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 850-837-8820

CR2E034 (10/00)