

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90148 043 ***150.00

DOCUMENT # P94000073481					
1. Entity Name PANHANDLE PAINT SUPPLY INC.					
Principal Place of Business 327 EAST 15TH STREET PANAMA CITY, FL 32405 US			Mailing Address 327 EAST 15TH STREET PANAMA CITY, FL 32405 US		
2. Principal Place of Business 2433 Jenks Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2433 Jenks Avenue <small>Suite, Apt. #, etc.</small>			
City & State PANAMA City FL		City & State PANAMA City FL		4. FEI Number 59-3271076	
Zip 32405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, GEORGE R 2622 FEROL LANE LYNN HAVEN, FL 32444				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 _____ <small>(NOTE: Registered Agent Signature Required when substituting)</small> DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00 Make Check Payable to Florida Department of State </div> <div style="width: 55%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BASS, GEORGE R 2622 FEROL LANE LYNN HAVEN, FL 32444	<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	V KEY, KEVIN S 8267 JAMES ST PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 410 Wildwood DR. Panama City FL 32404	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BASS, DONNA D 2622 FEROL LANE LYNN HAVEN, FL 32444	<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		<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		<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		<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-03 850-872-9100 <small>Date Daytime Phone</small>		

CR2E034 (10/02)