

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069891

1. Entity Name

PANTHER POOLS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90084 034 \*\*\*150.00

Principal Place of Business

Mailing Address

20119 HOLLAND AVE  
PORT CHARLOTTE FL 33952

PO BOX 380562  
MURDOCK FL 33938-0562

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0607251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAWLES, PAULA F  
20119 HOLLAND AVE  
PORT CHARLOTTE FL 33952

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

20119 HOLLAND AVE  
PT. CHARLOTTE FL 33952

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, 2000 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 D  
NAME HAAS, TAMMY L  
STREET ADDRESS 20119 HOLLAND AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE D  
NAME BARBARA L WELLS  
STREET ADDRESS 3163 KEY LANE  
CITY-ST-ZIP PT. CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE D  
NAME FOLEY, COLLEEN C  
STREET ADDRESS 20119 HOLLAND AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE D  
NAME CYNTHIA L. NOOE  
STREET ADDRESS 3163 KEY LANE  
CITY-ST-ZIP PT. CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE D  
NAME REID, DENNIS  
STREET ADDRESS 20142 HOLLAND AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ Delete

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

TITLE D  
NAME RAWLES, PAULA F  
STREET ADDRESS 20150 HOLLAND AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 *Paula F Rawles* PAULA F RAWLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

941-764-9112

Daytime Phone #

CR2E034 (9/99)