2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000061763** May 03, 2000 8:00 am **Secretary of State** PRO-STEEL BUILDINGS OF PANAMA CITY, INC. 05-03-2000 90003 027 ***150.00 Mailing Address Principal Place of Business 7911 THOMAS DRIVE 7911 THOMAS DRIVE SUITE #4 SUITE #4 PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3399662 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 STEPHENS, AGNES C Street Address (P.O. Box Number is Not Acceptable) 17462 FRONT BEACH ROAD UNIT #7B1 PANAMA CITY BEACH FL 32413 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE STEPHENS. KENNETH E NAME NAME STREET ADDRESS 17462 FRONT BEACH ROAD, UNIT 7B1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Addition Change ☐ Delete TITLE STEPHENS, AGNES C NAME NAME 17462 FRONT BEACH ROAD, UNIT 7B1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL 32413 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE 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.