

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90084 014 ***158.75

DOCUMENT # P97000053292

1. Entity Name
PANTHER VIEW, INC.

Principal Place of Business
**16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787**

Mailing Address
**16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3456298**
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITSON, MICHELLE
 16301 PHIL RITSON WAY
 WINTER GARDEN FL 34787**

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, 2002 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** ☐ Delete
 NAME **GLENN, GORDON S**
 STREET ADDRESS **1809 SYCAMORE PLACE**
 CITY-ST-ZIP **MC KINNEY TX 75070**

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ISAYAMA, CHIYO**
 STREET ADDRESS **10214 CHILTERN GARDEN DR**
 CITY-ST-ZIP **ORLANDO FL 32827**

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

TITLE **D** ☐ Delete
 NAME **LOOFBURROW, JOHN**
 STREET ADDRESS **TWO WORLD TRADE CENTER SUITE 1558**
 CITY-ST-ZIP **NEW YORK NY 10048**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **815 STANDISH AVENUE**
 CITY-ST-ZIP **WESTFIELD, NEW JERSEY 07090**

TITLE **D** ☐ Delete
 NAME **PASSILLA, JAMES P**
 STREET ADDRESS **516 BUTLER STREET**
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS

TITLE **D** ☐ Delete
 NAME **RITSON, MICHELLE**
 STREET ADDRESS **16301 PHIL RITSON WAY**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Change ☒ Addition
 NAME **RITSON, PHILIP V**
 STREET ADDRESS **16301 PHIL RITSON WAY**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP V. RITSON
PRESIDENT
 Date **2/14/02**

Daytime Phone # **407/9052240**

CR2E034 (9/01)