

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90111 037 ***150.00

0123813 AT

DOCUMENT # P97000057659

1. Entity Name

PANHANDLE MOTION X-RAY, INC.



Principal Place of Business

4439 JACKSON ST
MARIANNA FL 32448
US

Mailing Address

4439 JACKSON STREET
MARIANNA FL 32448

2. Principal Place of Business

4439 Jackson St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna FL

City & State

4. FEI Number

59-3457185

Applied For

Not Applicable

Zip

32448

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BONTRAGER, DANIEL ELI
4439 JACKSON STREET
MARIANNA FL 32448

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONTRAGER, DANIEL ELI	
STREET ADDRESS	4439 JACKSON STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BONTRAGER, IMOGENE	
STREET ADDRESS	4439 JACKSON STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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: Imogene Bontrager 9.3.03 850.526.4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80144364
#P97000007659



NU-BEST
Diagnostic Labs

Sept. 3, 2003

Division of Corporations
Uniform Business Report Filing
P. O. Box 1500
Tallahassee, FL 32302

Re: FEI 59-3457185

Enclosed are our 2003 UBR and annual check of \$ 150.00. I handle all the mail and daily business for this company, and I truly believe this report request (due by Sept. 10th) is the FIRST one we have received this year. I understand from the FAQ section, you will consider waiving the \$400.00 late fee.

Please let me know if there is any other information you need.

Thank you,

Imogene Bontrager, VP
Panhandle Motion X-Ray, Inc.