## 2004 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P97000081216 PANTHER WOODS REALTY, INC. 03-08-2001 90111 043 \*\*\*158.75 Principal Place of Business Mailing Address 9402 MEADOWOOD DRIVE % ESTEIN & ASSOCIATES, U.S.A., LTD. UUUUUUUUUU FORT PIERCE FL 34951 5211 INTERNATIONAL DRIVE ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0786716 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTEIN, LOTHAR CARRINGTON, CHARLES C ESQ Street Address (P.O. Box Number is Not Acceptable) 215 N EOLA DRIVE ORLANDO FL 32801 INTERNATIONAL O<u>rlando</u> 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITI F ☐ Delete TITLE Change ☐ Addition ESTEIN, LOTHAR NAME NAME STREET ADDRESS STREET ADDRESS **5211 INTERNATIONAL DRIVE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change Addition TITLE Delete TITLE WILSON, STUART CASSIDY, LINDA D NAME NAME 5211 INTERNATIONAL DRIVE STREET ADDRESS STREET ADDRESS **5211 INTERNATIONAL DRIVE** CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Addition WILLIAMS, JIMMY D NAME NAME STREET ADDRESS 5211 INTERNATIONAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OTHAR E

CR2E034 (10/00)