

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017919

1. Entity Name
PANAMA POOLS INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90023 044 ***150.00

Principal Place of Business
~~4200 W. 19TH ST., SUITE B6~~
PANAMA CITY FL 32405

Mailing Address
~~4200 W. 19TH ST., SUITE B6~~
PANAMA CITY FL 32405

2. Principal Place of Business
1823 W. 29th St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Panama City Florida

City & State

4. FEI Number **59-3506312**

Applied For
Not Applicable

Zip
32405

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ELMORE, STEVE
~~4200 W. 19TH ST., SUITE B6~~
PANAMA CITY FL 32405

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.

SIGNATURE _____ (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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ELMORE, STEVE	
STREET ADDRESS	4200 W. 19TH ST. B6	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELMORE, JIMMY	
STREET ADDRESS	4200 W. 19TH ST. B6	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

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

Date

Daytime Phone #

CR2E034 (10/00)