## 2003 FOR PROFIT CORPORATION

## Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P98000035323 **DOCUMENT #** 01-27-2003 90249 016 \*\*\*150.00 1. Entity Name MISS MARION OF PANACEA, INC. Principal Place of Business Mailing Address 90 CHIPOLA STREET P O BOX 483 PANACEA FL 32346 PANACEA FL 32346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3512914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name METCALF, MARION R Street Address (P.O. Box Number is Not Acceptable) 90 CHIPOLA STREET PANACEA FL 32346 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition METCALF, DANNY NAME NAME STREET ADDRESS 90 CHIPOLA STREET STREET ADDRESS PANACEA FL 32346 CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ■ Addition METCALF, MARION NAME NAME 90 CHIPOLA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANACEA FL 32346 CITY-ST-ZIP ☐ `Dèlete ÎTITLÊ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 direct 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 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)

FILED