

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086103

1. Entity Name

PANGEA COLLECTION INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90029 046 ***150.00

Principal Place of Business

Mailing Address

11275 W EMERALD COAST PKY STE 9
DESTIN FL 32541

11275 W EMERALD COAST PKY STE 9
DESTIN FL 32541-6935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3561373

Applied For

Not Applicable

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

PRITT, DAWN E
11275 W EMERALD COAST PKY STE 9
DESTIN FL 32541

Name

Judy L. Divney
Street Address (P.O. Box Number is Not Acceptable)

11275 W. EMERALD COAST PKY #9

City

DESTIN

FL

Zip Code

32541

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

Judy Divney

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

(NOTE: Registered Agent signature required when reinstating)

31 MAR 00

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, 2000 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 PT ☐ Delete
NAME DIVNEY, JUDY L
STREET ADDRESS 4450 HUNTINGTON RD.
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE VS ☒ Delete
NAME PRITT, DAWN E
STREET ADDRESS 430 N. EDEN PARK DR.
CITY-ST-ZIP SANTA ROSA BEACH FL 32569

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Judy Divney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 MAR 00

Date

850 654 7200

Daytime Phone #

CR2E034 (9/99)