

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 006 ***150.00

DOCUMENT # P99000010518

1. Entity Name
CAB-TECK OF PANAMA CITY, INC.

Principal Place of Business
**2501 CEDAR LANE
 PANAMA CITY FL 32405**

Mailing Address
**2501 CEDAR LANE
 PANAMA CITY FL 32405**

2. Principal Place of Business
2003 N EAST Ave

3. Mailing Address
2003 N East Ave

Suite, Apt. #, etc.
D

City & State
Panama City, Fla

Zip
32405

Country
FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number
593563024

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAFFIELD, KERMIT
 2501 CEDAR LANE
 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 *Kermit Raffield*

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	2501 N. Cedar Ln
CITY-ST-ZIP	Panama City, FL 32405
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	
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	

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: *Kermit Raffield*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 034 (5/00)

Attachment
#P9900010
DW85395
Copy - Original sent 9-8-2000

LEDGER PLUS

7121 W Hwy 98
Panama City Beach, Fl.
32407

850-235-6221 tele
850-233-5225 fax
cyndi@l-l.net

September 8, 2000

Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500
Attn: Annual Reports Section

Subject: Penalty for Late Filing

Reference: Document #P99000010518, Federal ID 59-3563024

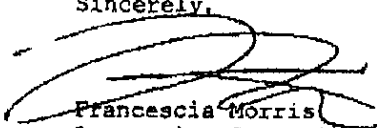
To Whom It May Concern:

LedgerPlus is the accounting office for Cab-Tech of Panama City, Inc. We are requesting abatement of the \$400.00 penalty for late filing of the 2000 Uniform Business Report.

Our client did not receive their original return and numerous calls had been placed to your office requesting a blank form to be filed on our client's behalf. One of your representatives assured our client that no penalty would be assessed. We feel that every attempt had been made to file this form with you in a timely fashion and that the client should not be penalized for such.

Thank you for your consideration on this matter.

Sincerely,



Francescia Morris
Accounting Supervisor
LedgerPlus of Bay County, Inc.