

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026585

1. Entity Name

PANAMA MILLWORKS & CASEWORKS, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90255 017 \*\*\*150.00

Principal Place of Business

6130 BAYLINE DR  
PANAMA CITY FL 32404

Mailing Address

6130 BAYLINE DR  
PANAMA CITY FL 32404

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3564262**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOFIELD, ROYCE  
2672 FEROL LANE  
LYNN HAVEN FL 32444

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

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 \$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 **D** ☐ Delete  
NAME **SCOFIELD, ROYCE**  
STREET ADDRESS **2672 FEROL LANE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** ☒ Delete  
NAME **SCOFIELD, DAVID**  
STREET ADDRESS **4900 HIGH POINT DR.**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **D** ☐ Delete  
NAME **SIKES, JIMMY**  
STREET ADDRESS **8103 PANAMA CITY BEACH PKWY.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **D** ☒ Delete  
NAME **FOREHAND, BENNY**  
STREET ADDRESS **8103 PANAMA CITY BEACH PKWY.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **D** ☒ Delete  
NAME **HAYNES, BRUCE**  
STREET ADDRESS **8103 PANAMA CITY BEACH PKWY.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Royce Scofield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 (850) 872-1794  
Date Daytime Phone #

CR2E034 (10/00)