

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035251

1. Entity Name

PAN RISK CORPORATION

FILED

Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90019 027 ***150.00

Principal Place of Business

Mailing Address

~~4807 26TH AVE W
BRADENTON FL 34203~~

4807 26TH AVE W
BRADENTON FL 34209-6103

2. Principal Place of Business

3. Mailing Address

1000 N WASHINGTON BLVD

PO Box 111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FLORIDA

STROUD GLOUCESTERSHIRE

Zip

Country

Zip

Country

34236

U.S.A.

GL6 6QS

ENGLAND

4. FEI Number

Applied For

65-0920427

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

WALKER, ADRON H
3119 MANATEE AVE W
BRADENTON FL 34205

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS MISS STEPHANIE JANE ARMITAGE
CITY-ST-ZIP TURNWAYS BUT GREEN
PRINSWICK GLOUCESTERSHIRE GL6 6QS ENGLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS MR RODNEY NICHOLAS HOWARD MOUNTON
CITY-ST-ZIP TURNWAYS BUT GREEN
PRINSWICK GLOUCESTERSHIRE GL6 6QS ENGLAND

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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:

S Armitage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 26/2/2000 Daytime Phone # (44) 1452 814560