

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90053 025 ***150.00

DOCUMENT # P99000038066

1. Entity Name

PANTHER SIGNS & GRAPHICS, INC.

Principal Place of Business

~~19896 SEABROOK ROAD~~
150 Bridge Rd
 TEQUESTA FL 33469

Mailing Address

~~19896 SEABROOK ROAD~~
150 Bridge Rd
 TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

150 Bridge Rd

Suite, Apt. #, etc.

150 Bridge Rd

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POVLIN, SCOT
19896 SEABROOK ROAD
TEQUESTA FL 33469

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| P POVLIN, SCOT 19896 SEABROOK ROAD TEQUESTA FL 33469 | <input type="checkbox"/> | | <input type="checkbox"/> |
| V POVLIN, PAM 19896 SEABROOK ROAD TEQUESTA FL 33469 | <input type="checkbox"/> | | <input type="checkbox"/> |
| ST KANDEFER, DONNA 19896 SEABROOK ROAD TEQUESTA FL 33469 | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

Date

Daytime Phone #

CR2E034 (9/01)