

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065639

1. Entity Name

SYFRETT & ASSOCIATES OF PANAMA CITY, INC.

Principal Place of Business

304 W. 23RD ST.  
PANAMA CITY FL 32405

Mailing Address

304 W. 23RD ST.  
PANAMA CITY FL 32405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

page 1 of 2  
FILED

00 JUL 17 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3586889

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SYFRETT, TROY F JR  
304 W. 23RD ST.  
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

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 PSTD ☐ Delete  
NAME SYFRETT, TROY F JR  
STREET ADDRESS 304 W. 23RD ST.  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VD ☒ Delete  
NAME SYFRETT, JAMES E  
STREET ADDRESS 304 W. 23RD ST.  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00  
Date

850/785-6141  
Daytime Phone #

CR2E034 (5/00)

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July 12, 2000

To Whom It May Concern:

On February 2, 2000 a check in the amount of \$150.00 was cut to the Dept. of State for the corporation fee for Syfrett and Associates of Panama City, Inc. The check has never cleared the bank and is presumed to be lost in the mail. Therefore, based on the notice we received to refile by Sept. 13, 2000, I am reissuing a check for \$150.00 to replace the one lost in the mail.

Sincerely,

A handwritten signature in black ink, appearing to read "Troy F. Syfrett, Jr.", written in a cursive style.

Troy F. Syfrett, Jr.  
President