

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000076179

1. Entity Name

~~PANHANDLE POWDER COATINGS, INC.~~

PANHANDLE POWDER COATING, INC. (See Attache

Principal Place of Business

Mailing Address

9721 FOWLER AVE
PENSACOLA FL 325349721 FOWLER AVE
PENSACOLA FL 32534-1007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSTON, GARY W
125 W ROMANA, SUITE 800
PENSACOLA FL 32501Name CLIFTON W. Powell
Street Address (P.O. Box Number is Not Acceptable)
9721 Fowler AvenueCity Pensacola FL Zip Code 32534

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, type 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete Clifton W. Powell President, Treasurer 9721 Fowler Ave. Pensacola, FL 32534		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete Myatise E. Powell 9721 Fowler Ave. Pensacola FL 32534		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clifton W. Powell Clifton W. Powell, President 850 478-3531
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/31/00 Date Daytime Phone # 478-5935

FILED
 May 08, 2000 8:00 am
 Secretary of State

04-04-2000 90106 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3595865 Applied For ☐
 Not Applicable ☒

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

CR2E034 (9/99)