

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093857

1. Entity Name

PANAMA ENTERPRISES, INC.



FILED

Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90023 022 \*\*\*550.00

Principal Place of Business

7248 WEST COLONIAL DRIVE  
ORLANDO FL 32818

Mailing Address

7248 WEST COLONIAL DRIVE  
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

7248 W Colonial Dr  
Suite, Apt. #, etc.

same  
Suite, Apt. #, etc.

City & State

Orlando, FL  
Zip 32818 Country USA

City & State

Zip Country

4. FEI Number

59-3607139

Applied For

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

HATABAUGH, CARLOS E  
3119 RIDER PLACE  
ORLANDO FL 32817

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
Maci M Hattabaugh  
STREET ADDRESS 3119 Rider Pl.  
CITY-ST-ZIP Orlando, FL 32817

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

TITLE NAME ☐ Delete  
Carlos E. Hattabaugh  
STREET ADDRESS 3119 Rider Pl.  
CITY-ST-ZIP Orlando, FL 32817

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: Maci M Hattabaugh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 401-292-7139  
Date Daytime Phone #

CR2E034 (5/00)