

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S12468**

1. Entity Name

WENGOR OF PANAMA CITY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90454 031 ***150.00

Principal Place of Business

**400 E GOVERNMENT ST.
PENSACOLA FL 32501**

Mailing Address

**400 E GOVERNMENT ST.
PENSACOLA FL 32501**

C0055751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFI Number **59-3043416**

Applied For
Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERRIGAN, ROBERT G.
400 E GOVERNMENT ST.
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's signature is required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE DOWN FEE IS \$150.00
After MAY 1, 2001 Fee will be \$500.00
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	D	☐ Delete
NAME	KERRIGAN, ROBERT G.	
STREET ADDRESS	400 E GOVERNMENT ST.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	ESTESS, GEORGE W.	
STREET ADDRESS	400 E GOVERNMENT ST.	
CITY-STATE-ZIP	PENSACOLA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, without other like endorsement.

CR26034 (10/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Estess 4123101 (850) 444-4454

Date

Dist. No. 1000