

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90046 045 ***158.75



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # **S48961**

1. Entity Name
PANAMA CITY BEACH VENTURES, INC.

Principal Place of Business
**8501 N. LAGOON DR.
#107
PANAMA CITY BEACH FL 32408**

Mailing Address
**P.O. BOX 27
FORSYTH GA 31029
US**

2. Principal Place of Business
8733 N. LAGOON DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City Beach FL.

City & State

Zip
32408

County
Bay

Zip

Country

4. FEI Number
59-3068105

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

COLLINS, CHARLES E

~~8501 N. LAGOON DR.~~

PANAMA CITY BEACH FL 32408

8733 N. LAGOON DR.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
COLLINS, CHARLES E.
~~8501 N. LAGOON DR. #107~~
PANAMA CITY BEACH FL 32408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8733 N. LAGOON DR.

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COLLINS, E. DENISE
~~8501 N. LAGOON DR. #107~~
PANAMA CITY BEACH FL 32408**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8733 N. LAGOON DR.

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)