

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90331 034 \*\*\*150.00

**DOCUMENT # S92240**

1. Entity Name  
**PANDA REAL ESTATE, INC.**

Principal Place of Business

**4613 MARINER BLVD  
SPRING HILL FL 34609  
US**

Mailing Address

**P.O. BOX 1085  
PORT RICHEY FL 34673**

2. Principal Place of Business

**8124 Washington St.**  
Suite, Apt. #, etc.

3. Mailing Address

**8124 Washington St.**  
Suite, Apt. #, etc.

City & State

**Port Richey FL**

City & State

**Port Richey FL**

Zip

**34668**

Country

**Pasco**

Zip

**34668**

Country

**Pasco**

4. FEI Number **59-3094045**

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

**PENNA, DONALD  
5130 W SHORE DR  
NEW PORT RICHEY FL 34652**

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.

**Donald N Penna**

(NOTE: Registered Agent signature required when reinstating)

**2/22/01**

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, 2001 Fee will be \$550.00  
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 STREET ADDRESS CITY-ST-ZIP	<b>PSTD PENNA, DONALD N. 5130 W SHORE DR NEW PORT RICHEY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAHAR, ESTER 1190 OLDSMAR AVE SPRING HILL FL 34608</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J.P. Joseph E. YANNON 10331 Pine Needles Dr. New Port Richey, FL 34654</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald N Penna**

Date

**2/22/01**

Daytime Phone #

**727 815 9621**

10/00