

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90251 040 ***150.00

DOCUMENT # P93000031894

1. Entity Name
PAMPERED PROPERTIES, INC.

Principal Place of Business
**14450 66TH TRAIL N.
 PALM BEACH GARDENS FL 33418**

Mailing Address
**14450 66TH TRAIL N.
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0405628**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, SCOTT
 6650 WEST INDIANTOWN RD.
 SUITE 200
 JUPITER FL 33458**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | ESCHER, BRUCE D SR. | |
| STREET ADDRESS | 14450 66TH TRAIL N. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | ESCHER, LISA W | |
| STREET ADDRESS | 14450 66TH TRAIL N. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | ESCHER, BRUCE D JR. | |
| STREET ADDRESS | 14450 66TH TRAIL N. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PERKINS, MATTHEW J | |
| STREET ADDRESS | 14450 66TH TRAIL N. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 lines empowered.

SIGNATURE: *Bruce D. Escher Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 561-776-8500
Date Daytime Phone #

CR2E034 (9/01)