

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90177 046 ***150.00

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DOCUMENT # 211410

1. Entity Name
PAN AMERICAN APARTMENTS INC



Principal Place of Business
**145 10TH AVE N
SAINT PETERSBURG FL 33701**

Mailing Address
**145 10TH AVE N
SAINT PETERSBURG FL 33701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0936194**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GRAY, MARY R
145 10TH AVENUE NORTH
APT 8 PAN AMERICAN APT
ST. PETERSBURG FL 33701**

Name **JOHN G PUDER**
Street Address (P.O. Box Number is Not Acceptable)
145 10th Ave N # 1
City **St Petersburg** FL Zip Code **33701**

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 **P** ☒ Delete
NAME **MALONEY, FRANK**
STREET ADDRESS **145 10TH AVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **P** ☒ Change ☒ Addition
NAME **URSULA VOLAKOS**
STREET ADDRESS **145 10th Ave N #14**
CITY-ST-ZIP **St Petersburg FL 33701**

TITLE **S** ☐ Delete
NAME **PUDER, JOHN**
STREET ADDRESS **145 10 AVENUE NORTH #1**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **S/T** ☒ Change ☐ Addition
NAME **JOHN G PUDER**
STREET ADDRESS **145 10th Ave N #1**
CITY-ST-ZIP **St Petersburg FL 33701**

TITLE **T** ☒ Delete
NAME **GRAY, MARY**
STREET ADDRESS **145 10 AVENUE NORTH #**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **VP (1) UWE HERMES** ☒ Change ☒ Addition
NAME **145 10th Ave N # 12**
STREET ADDRESS **St Petersburg FL 33701**

TITLE **V-3** ☐ Delete
NAME **STEDE, KATRINA**
STREET ADDRESS **145 10TH AVE N #11**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **V** ☒ Delete
NAME **TWEDT, LARRY**
STREET ADDRESS **145 10TH AVE N #10**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **VP(2)** ☐ Change ☒ Addition
NAME **LAURA SOSA**
STREET ADDRESS **145 10th Ave N - #15**
CITY-ST-ZIP **St Petersburg FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G PUDER 4/14/03 727 896 6551
S/T Date Daytime Phone #

CR2E034 (10/02)