

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 351110

1. Entity Name

PAN AMERICAN SYSTEMS CORPORATION

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90232 024 \*\*\*158.75

Principal Place of Business PAN AMERICAN SYSTEMS CORP 1265 S SEMORAN BLVD #1246 WINTER PARK FL 32792 US	Mailing Address PAN AMERICAN SYSTEMS CORP 1265 S SEMORAN BLVD #1246 WINTER PARK FL 32792-5541 US
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DO NOT WRITE IN THIS SPACE

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 59-1273947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RISH, JERALD T  
432 VIRGINIA DRIVE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: Kevin Moore  
Street Address (P.O. Box Number is Not Acceptable): 1265 S. Semoran Blvd.  
Suite 1246  
City: Winter Park, FL Zip Code: 32792

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: *KLM* DATE: 4/24/00  
(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, 2000 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	SD RISH, GLENDA B 432 VIRGINIA DR WINTER PARK FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, LEE ANNE 1437 GOLFSIDE DR WINTER PARK FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, KEVIN L 1437 GOLFSIDE DR WINTER PARK F	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RISH, JERALD T 432 VIRGINIA DR WINTER PARK F	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PD, S, T  
Moore, Kevin L  
1265 S. Semoran Blvd Ste 1246  
Winter Park, FL 32792

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: *KLM* DATE: 4/24/00 DAYTIME PHONE #: 407/677-5599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)