

04-17-2002 90161 030 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **654234**

1. Entity Name  
**PAMER COMPANY, INC**

**831120**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**P.O. Box 2821**

3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State

4. FEI Number  
**59-2842106**

Applied For  
 Not Applicable

Zip  
**33427**

Country  
**USA**

Zip

Country

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

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **John M. Pamer**

Street Address (P.O. Box Number is Not Acceptable)  
**20942 Springs Terr**

City **Boca Raton**

**FL**

Zip Code  
**33428**

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

*John M. Pamer*

**4/5/02**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is **\$150.00**  
 After May 1, Fee is **\$550.00**  
 Amended UBR is **\$61.25**  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contributions.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John M. Pamer - Pres</b> <b>20942 Springs Terr</b> <b>Boca Raton, FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mary Beth R. Pamer - V.P. Sec</b> <b>20942 Springs Terr</b> <b>Boca Raton, FL 33428</b>
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**DO NOT WRITE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

*John M. Pamer*

**4/5/02 561-487-9501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)