## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

F96000006489

1. Entity Name PASCOT, INC.

SIGNATURE:



## **FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90131 016 \*\*\*150.00

Principal Plac INTEC COMPI 100 LARWIN I CHERRY HILL	uter soluti Rd.		Mailing Address INTEC COMPUTER SOLUTIONS 100 LARWIN RD. CHERRY HILL NJ 08034													
2. Principal Place of Business			3. Mailing Address							IEIIE CIIII		<b>FB</b> (() <b>BB</b> (()	<b>acia c</b> iali			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State	e .	. 11	City	& State		4. FEI Number 22-293			22-293	8452	F	Applied For Not Applicable		<u>_</u>		
Zip	Zip Country		Zip		Count	Country			5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	Registered Agent				7. Name and Address of New Registered Agent								
				Name												
_	edward v Imputer s		Stree			Street A	Address (P.O. Box Number is Not Acceptable)									
3815 N U	SHWY 1 S	TE. 105							•							7
COCOA F	L 32926				-	City					_	FL Zip Code				1
	named entity ions of regist	y submits this statement fo ered agent.	r the purp	ose of changing its	registere	d office or	registered	agent, d	or both, in	the State	of Floric	da. I am	familiar v	vith, a	ind accept	1
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	E: Registered	Agent signatu	re required whe	en reinstatir	ng)		_	DATE				
ပို FI ့ After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					٤	3. Election Trust Fu	n Campai und Conti	_	٠.			) May Be to Fees	1
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIO	ONS/CHA	NGES TO	O OFFIC	ERS AN	D DIREC	ORS	IN 11	],
NAME STREET ADDRESS CITY-ST-ZIP	100 LARW	T, PAUL J ARWIN RD. IRY HILL NJ 08034		☐ Delete		T ADDRESS ST-ZIP	ST Scott	Larw	in R	oad	080	2.4	[ <b>∑</b> ] Char	ige	Addition	00/04/ 40/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, P. 100 LARW CHERRY I		☐ Delete		•	T address St-Zip	P Scott	t, F Larw	Patri Vin R		Α.		Char	ige	Addition	
TITLE NAME				Delete	TITLE NAME		Cher	<del>ry 1</del> .	<del>:::::,</del>	No	<del>080.</del>	<del>14</del>	☐ Char	nge	Addition	1
_STREET.ADDRESS - CITY-ST-ZIP						T ADORESS <sup>22</sup> St-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T address St-zip							☐ Char	ige	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Delete		T ADDRESS ST-ZIP		<u> </u>					Char	ge	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP							Char	ige	Addition	1
indicated of the corp	on this report poration or th	information supplied with t or supplemental report is e receiver or trustee empo chment with an address, v	true and wered to	accurate and that mexecute this report a	ny signatu	ire shall ha	ave the sam	ne legal	effect as i	f made u	nder oat	h; that I	am an off	icer d	r director ,	