

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58588

1. Entity Name

PAMCO ENTERPRISES INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90059 012 ***150.00

Principal Place of Business

Mailing Address

6300 CORPORATE CT
#102
FT MYERS FL 33919

6300 CORPORATE CT
#102
FT MYERS FL 33919-3507

2. Principal Place of Business

3. Mailing Address

3364 CLEVELAND AVE.

3364 CLEVELAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

Zip
33901

Country
USA

Zip
33901

Country

4. FEI Number 65-0087402

Applied For

Not Applicable

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

RAGER, KENNETH D.
6274 QUAIL HOLLOW LN
FT. MYERS FL 33912

Name SAME

Street Address (P.O. Box Number is Not Accepted)

3364 CLEVELAND AVE.

FT. MYERS, FL

City

FL

Zip Code

33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

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
P
RAGER, KENNETH D.
6274 QUAIL HOLLOW LN
FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3364 CLEVELAND AVE.
FT MYERS, FL 33901 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

941-481-1414

Daytime Phone #

CR2E034 (9/99)