2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

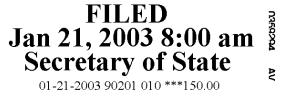
DOCUMENT #

L71458

1. Entity Name

PAM FOODS INC





PAIN POODS, INC.											
Principal Place of Business 1015 S UNIVERSITY DR PLANTATION FL 33324		1015	ng Address S UNIVERSITY DR NTATION FL 33324			·					
2. Principal Pla	ace of Business	3. Ma	3. Mailing Address							JION 01011 1041	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. 1	65_0107996 			oplied For]
Zip Country		Zip		try	5. Certificate of Statu			Not Applicable \$8.75 Additional Fee Required		1	
	6. Name and Address of Curre	ent Register	ed Agent			71	Name and Address of New Re				<u>-</u>
					Name						
FREDERICK DRATH 1015 S. UNIVERSITY DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATIO	ON FL 33324]
					City			FL	Zip Cod	e	1
	named entity submits this statement ons of registered agent.	t for the purp	oose of changing its r	egistere	ed office or regis	tered ag	ent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	1
SIGNATURE _	Signature, typed or printed name of registered as	gent and title if app	olicable. (NOTE:	Registered	d Agent signature requ	ired when re	pinstating)	DATE			
En	LE NOW!!! FEE IS \$150.00										1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			te				Election Campaign Final Trust Fund Contribution	~		10 May Be d to Fees	
10.	OFFICERS A	ND DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR!	S IN 11	1
	PSTD PSTD		☐ Delete TITLE						☐ Change	☐ Addition] 6
NAME DRATH, FREDERICK STREET ADDRESS 1015 S UNIVERSITY DR					ET ADDRESS						130
CITY-ST-ZIP PLANTATION FL					ST-ZIP						03
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NAME				NAME							"
STREET ADDRESS City-St-Zip					ST-ZIP						
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NAME STREET ADDRESS				NAME	T ADDRESS					ſ	
CITY-ST-ZIP					ST-ZIP						
12. hereby ce	rtify that the information substied v	vith this filing	does not qualify for t	he exen	nption stated in t	Section 1	119.07(3)(i), Florida Statutes. I i	urther certif	y that the ir	nformation	

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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR