

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N46285 (5)**

1. Entity Name

PAFRIEND USERS GROUP, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 036 ****61.25

Principal Place of Business

11533 86th Ave N
Seminole, FL 33772

Mailing Address

% Ronald Palmer
11533 86th Ave N
Seminole, FL 33772

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

59-3098331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Ronald Palmer

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

11533 86th Ave N

City

Seminole

FL

Zip Code

33772

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

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

Ronald Palmer

4/1/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Delete
NAME	Ronald Palmer	
STREET ADDRESS	11533 86th Ave N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	Howard T. Smith	
STREET ADDRESS	2346 E. Druid Rd Lot 1015	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	John Troutman	
STREET ADDRESS	1560 49th St. N.	
CITY-ST-ZIP	St Petersburg, FL 33710	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Barbara Templin	
STREET ADDRESS	11559 Woodbridge Blvd	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	William Barlow	
STREET ADDRESS	1501 Gulf Blvd Unit 704	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ann Peterson	
STREET ADDRESS	5232 72nd Way N.	
CITY-ST-ZIP	St Petersburg, FL 33709	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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 empowered.

SIGNATURE:

Barbara Templin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000
Date

(727) 397-9823
Daytime Phone #

CR2E037 (9/99)