

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90321 010 ****61.25

DOCUMENT # N46285

1. Entity Name

PAFRIEND USERS GROUP, INC.

Principal Place of Business

11533 86TH AVE N
 SEMINOLE FL 33772
 US

Mailing Address

C/O RONALD PALMER
 11533 86TH AVE N
 SEMINOLE FL 33772
 US

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

6. Name and Address of Current Registered Agent

REBECK, BRUCE
 1121 ADMIRAL ROAD
 DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

RONALD G. PALMER

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

11533-86 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 G. PALMER

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

(NOTE: Registered Agent signature required when reinstating)

2/7/2001

DATE

FILE NOW:
FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	PALMER, RONALD	
STREET ADDRESS	11533 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HOWARD T	
STREET ADDRESS	2346 E DRUID RD LOT 1015	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TROUTMAN, JOHN	
STREET ADDRESS	1560 49TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TEMPLIN, BARBARA	
STREET ADDRESS	11559 WOODBRIDGE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, WILLIAM	
STREET ADDRESS	1501 GULF BLVD UNIT 704	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, ANN	
STREET ADDRESS	5232 72ND WAY N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, PATRICIA	
STREET ADDRESS	8434 AUSTRALIA WAY E #52	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, BETTY	
STREET ADDRESS	7100 ULMERTON ROAD # 257	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIMENDAHL, JUDITH	
STREET ADDRESS	13701 80TH AVENUE	
CITY-ST-ZIP	SEMINOLE FL 33776	
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:

RONALD G. PALMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 (227)398-6877

Date Daytime Phone #

CR2E037 (10/00)