

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90431 001 ****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

9000-106th AVE. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Zip

33777

Country

FLORIDA

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

**PALMER, RONALD G
11533 86 AVE. N
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **DP** ☐ Delete
NAME **PALMER, RONALD**
STREET ADDRESS **11533 86TH AVE N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **DV** ☐ Delete
NAME **CASSIDY, PATRICIA**
STREET ADDRESS **2434 AUSTRALIA WAY E. #52**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **DV** ☒ Delete
NAME **ROTH, BETTY**
STREET ADDRESS **7100 ULMERTON ROAD #257**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **DS** ☐ Delete
NAME **TEMPLIN, BARBARA**
STREET ADDRESS **11559 WOODBRIDGE BLVD**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **DT** ☒ Delete
NAME **KREIMENDAHL, JUDITH**
STREET ADDRESS **13701 80TH AVE N.**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **PETERSON, ANN**
STREET ADDRESS **5232 72ND WAY N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Change ☒ Addition
NAME **CATLETT, JOHN**
STREET ADDRESS **131-58th AVE, N.E.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **VT** ☐ Change ☒ Addition
NAME **HAUGE, MAUREEN**
STREET ADDRESS **540 BOCA CIEGA POINT BLVD. S.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

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

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

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

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

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* **RONALD G. PALMER, PRES.** **4/6/02 (727) 392-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)