

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90034 028 \*\*\*150.00

DOCUMENT # P00000023146

1. Entity Name

PAMLIN ENTERPRISES, INC.

Principal Place of Business

4750 HALYARD DR.  
BRADENTON FL 34208

Mailing Address

4750 HALYARD DR.  
BRADENTON FL 34208

2. Principal Place of Business

NETWORK VIDEO

3. Mailing Address

NETWORK VIDEO

Suite, Apt. #, etc.

21 AVE. OF THE FLOWERS

Suite, Apt. #, etc.

21 AVE OF THE FLOWERS

City & State

Longboat Key FL

City & State

Longboat Key FL

Zip

34228

Country

SARASOTA

Zip

34228

Country

SARASOTA

6. Name and Address of Current Registered Agent

VOIGHT, STEPHEN F P.A.  
2414 BEE RIDGE RD.  
SARASOTA FL 34239

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

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES
STREET ADDRESS	RAYMOND LINFANTE
CITY-ST-ZIP	4750 HALYARD DR. BRADENTON FL. 34209
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.S - PRES
STREET ADDRESS	Pamela Linfante
CITY-ST-ZIP	4750 HALYARD DR. BRADENTON FL. 34208
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

RAYMOND LINFANTE

Date

Daytime Phone #

CR2E034 (10/00)

0404125