

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-13-2002 90192 009 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PD0000 111530**

1. Entity Name

Pangalactic Software Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6102 Chene Ct

Suite, Apt. #, etc.

3. Mailing Address

6102 Chene Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

Applied For

Not Applicable

Zip

33558

Country

Hillsborough

Zip

33558

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Penny A Garbus

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

6102 Chene Court

City

Lutz

FL

Zip Code

33558

**DO NOT WRITE
IN THIS SPACE**

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

Penny A Garbus

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

(NOTE: Registered Agent signature required when reinstating)

July 8, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME

President and Secretary

STREET ADDRESS
CITY - ST - ZIP

**Jeffrey R. Garbus
6102 Chene Ct, Lutz FL 33558**

TITLE
NAME

Vice President and Treasurer

STREET ADDRESS
CITY - ST - ZIP

**Penny A Garbus
6102 Chene Ct, Lutz FL 33558**

TITLE
NAME

Minor

STREET ADDRESS
CITY - ST - ZIP

**Brandon R. Garbus
6102 Chene Court, Lutz FL 33558**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2

8139497016

Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PD0000111530

1. Entity Name

Pangalactic Software Corp**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6102 Chene Ct.

Suite, Apt. #, etc.

Lutz Florida

City & State

33558

Zip

U.S.A.

Country

3. Mailing Address

6102 Chene Ct.

Suite, Apt. #, etc.

Lutz Florida

City & State

33558

Zip

U.S.A.

Country

4. FEI Number

651071120

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jim Robbins

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

3700 Bank of America Plaza101 East Kennedy Blvd.

City

Tampa

FL

Zip Code

33602

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 fee if applicable.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President and Secretary</u> <u>Jeffrey R. Garbus</u> <u>6102 Chene Ct.</u> <u>Lutz FL 33558</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President and Treasurer</u> <u>Penny A. Garbus</u> <u>6102 Chene Ct.</u> <u>Lutz FL 33558</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Minor</u> <u>Brandon Garbus</u> <u>6102 Chene Ct.</u> <u>Lutz FL 33558</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #