

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -4 AM 10:55

DOCUMENT # P01000008609

1. Entity Name
PAM'S CUSTOM DESIGNS, INC.

Principal Place of Business
1605 5TH AVE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
1605 5TH AVE NORTH
JACKSONVILLE BEACH FL 32250

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800008285508--3
-10/09/02--01043--004
****150.00 ****150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1258 Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1605 5th Ave N
Suite, Apt. #, etc.

City & State
Jacksonville Beach FL
Zip Country
32250 USA

4. FEI Number
593597847
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, PAMELA S
1605 5TH AVE NORTH
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela S. Wagner*
Signature, typed or printed name of registered agent and title if applicable.

9/11/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	President Pamela S. Wagner 1605 5th Ave N Jacksonville Beach FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Pamela S. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 (904)246-1011
Date Daytime Phone #

CR2E034 (4/02)

Attachment

30138526

PO1000008609

September 13, 2002

Pam's Custom Designs, Inc.
1605 5th Ave. N
Jacksonville Beach, FL

FIN# 593597847

To Whom it May Concern,

After going online to file my UBR I discover that this report was due by May. I never received a notice. I called your office and was told to write this letter and send 150.00. If you have any questions please call me at (904) 246-1011.

Thank you,

Pamela S. Wagner