## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P01000120195 1. Entity Name PAMPA GARDENS, INC. 05-07-2002 90216 015 \*\*\*150.00 Principal Place of Business Mailing Address 1977 DUNDEE DR. PO BOX 4961 WINTER PARK FL 32792 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address 1977 Dundee Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Winter Park, FL 90-0005561 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32792 Fee Required Orange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A & S Development, Inc. B&C CORPORATE SERVICES OF CENTRAL FLORIDA. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE.1100 1977 Dundee Drive ORLANDO FL 32801 City Zip Code Winter Park 32792 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. Shane Acevedo Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ACEVEDO, SHANE L NAME NAME STREET ADDRESS 1977 DUNDEE DR. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEPHERD, THOMAS H NAME STREET ADDRESS 1977 DUNDEE DR. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 piner like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Shane L. Acevedo, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 657-1113

Daytime Phone #