

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

4/4

04-04-2003 90139 027 \*\*\*150.00

**DOCUMENT # P02000015653**

1. Entity Name

**PAM'S LITERARY EMPORIUM, INC.**



Principal Place of Business  
3256 NE JACKSONVILLE ROAD  
OCALA FL 34479

Mailing Address  
14447 SW 38TH TERRACE ROAD  
OCALA FL 34473

2. Principal Place of Business

**3041 NE Jacksonville Rd**

3. Mailing Address

**14447 SW 38th Ter Rd**

Suite, Apt. #, etc.

**Unit 6**

Suite, Apt. #, etc.

**DE**

City & State

**OCALA FL**

City & State

**OCALA FL**

Zip

**34479**

Country

**MARION**

Zip

**34473**

Country

**MARION**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHADWICK, PAMELA J**  
**14447 SW 38TH TERRACE ROAD**  
**OCALA FL 34473**

7. Name and Address of New Registered Agent

Name **N/A**

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

*[Signature of Pamela J. Chadwick]*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/3/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **OWNER / PRESIDENT** ☐ Delete  
NAME **PAMELA J. CHADWICK**  
STREET ADDRESS **14447 SW 38th Ter. Rd**  
CITY-ST-ZIP **OCALA, FL 34473**

TITLE **OWNER / VP PRESIDENT** ☐ Delete  
NAME **GEORGE CHADWICK**  
STREET ADDRESS **14447 SW 38th Ter. Rd.**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE **TREASURER** ☐ Delete  
NAME **PANDORA BUSH**  
STREET ADDRESS **15946 NE 334th Ln.**  
CITY-ST-ZIP **FT. MCCLY, FL 32134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 607, 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:

*[Signature of Pamela J. Chadwick]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/03**

**351-3357**

Daytime Phone #

CR2E034 (10/02)