

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90093 035 ***158.75

DOCUMENT # P02000058412

1. Entity Name
PANDO JOHNSON, INC.



Principal Place of Business
~~305 PIERCE AVE~~
CAPE CANAVERAL FL 32920

Mailing Address
~~305 PIERCE AVE~~
CAPE CANAVERAL FL 32920

2. Principal Place of Business
6710 N. ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address
6710 N. ATLANTIC AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE CANAVERAL FL
Zip
32920
Country
U.S.A

City & State
CAPE CANAVERAL FL
Zip
32920
Country
U.S.A

4. FEI Number
753055573

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STREEFKERK, PAMELA-JOHNSON
~~305 PIERCE AVE~~ **784 Bayview Drive**
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name
DOROTHY JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
3202 BUCKINGHAM LANE
City
~~CAPE CANAVERAL~~ **Cocoa FL** Zip Code
32926

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01.10.03

DATE

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 **D** ☒ Delete
NAME **STREEFKERK, PAMELA**
STREET ADDRESS ~~305 PIERCE AVE~~ **784 Bayview Drive**
CITY-ST-ZIP ~~CAPE CANAVERAL FL 32920~~

TITLE **PRESIDENT** ☐ Delete
NAME **DOROTHY JOHNSON**
STREET ADDRESS **3202 Buckingham Lane**
CITY-ST-ZIP **Cocoa Florida 32926**

TITLE **D** ☒ Delete
NAME **PAMELA STREEFKERK-JOHNSON**
STREET ADDRESS **784 Bayview Drive**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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 **PRESIDENT** ☐ Change ☐ Addition
NAME **DOROTHY JOHNSON**
STREET ADDRESS **3202 Buckingham Lane**
CITY-ST-ZIP **Cocoa Florida 32926**

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

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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, without other like empowered.

SIGNATURE: **01.10.03** **321-868-0088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)