

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 038 ***150.00

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DOCUMENT # P02000116528

1. Entity Name
PANAIGE PROMOTIONS INC.



Principal Place of Business
**3462 CHATELAIN COURT
TALLAHASSEE FL 32308**

Mailing Address
**3462 CHATELAIN COURT
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

2415 Old St. Augustine Rd.

2415 Old St. Augustine Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 314

Suite 314

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32301

U.S.A.

32301

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1028024

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, D
3462 CHATELAIN COURT
TALLAHASSEE FL 32308**

Name

PIERCE, D.

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

2415 Old St. Augustine Rd.

Suite 314

City

Tallahassee

FL

Zip Code

32301

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PIERCE, D**
STREET ADDRESS **3462 CHATELAIN COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P** ☒ Change ☐ Addition
NAME **PIERCE, D.**
STREET ADDRESS **2415 Old St. Augustine Rd. (314)**
CITY-ST-ZIP **Tallahassee FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

850-251-0000

Daytime Phone #

CR2E034 (10/02)