

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081452

1. Entity Name

PEMA CORP.

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90009 023 \*\*\*150.00

Principal Place of Business

5399 E HWY 30-A  
STE C BOX 211  
SEAGROVE BEACH FL 32459  
US

Mailing Address

5399 E HWY 30-A  
STE C 9010-211  
SEAGROVE BEACH FL 32459  
US

2. Principal Place of Business

5399 E Hwy 30-A

Suite, Apt. #, etc.

Ste. C Box 211

City & State

Seagrove Beach

Zip

32459

Country

FL

3. Mailing Address

5399 E Hwy 30-A

Suite, Apt. #, etc.

Ste. C 9010-211

City & State

Seagrove Beach

Zip

32459

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0536713

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

MARCH, JOSE F

5399 E HWY 30-A

STE C 9010-211

SEAGROVE BEACH FL 32459

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.

SIGNATURE March Josef

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARCH, JOSEPH  
STREET ADDRESS 5399 E HWY 30-A STE C  
CITY-ST-ZIP SEAGROVE BEACH FL 32459

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

March Josef

02/16/00

Date

850 231 0781

Daytime Phone #

CR-11 03/04 (5/99)