

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017228

1. Entity Name

PAGATANS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90127 006 \*\*\*150.00

Principal Place of Business

Mailing Address

4890 DAVIS BLVD.  
NAPLES FL 33942

4890 DAVIS BLVD.  
NAPLES FL 34104-5338

2. Principal Place of Business

7055 Radio Rd.  
Suite, Apt. #, etc.

3. Mailing Address

7055 Radio Rd.  
Suite, Apt. #, etc.

City & State  
NAPLES FL.  
Zip 34104 Country USA.

City & State  
NAPLES FL.  
Zip 34104 Country USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2785757 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VALK, WILLARD N  
4989 GOLDEN GATE PKWY  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
164 Palmetto Dune Circle  
City NAPLES FL Zip Code 34113

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 Willard N. Valk DATE 1/6/2000  
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 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELTON, PHILLIP	
STREET ADDRESS	6031 HOLLOW DR.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SHELTON, GRETCHEN	
STREET ADDRESS	6031 HOLLOW DR.	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALK, FAYANN	
STREET ADDRESS	4989 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALK, WILLARD	
STREET ADDRESS	4989 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	164 Palmetto Dune Circle	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	164 Palmetto Dune Circle	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Phillip A. Shelton Jr. DATE 1/10/00 DAYTIME PHONE # 941-455-9666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)