

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90042 001 \*\*\*150.00  
 05-06-2000 90042 002 \*\*\*\*\*8.75

**DOCUMENT # P96000072258**

1. Entity Name  
**PAVITAKE CORP**

Principal Place of Business      Mailing Address  
**1951 GLEN LAKES CIRCLE NORTH**      **1951 GLEN LAKES CIRCLE NORTH**  
**ST. PETERSBURG FL 33702**      **ST. PETERSBURG FL 33702-2145**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3403448**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHEELE, TAMI**  
**1951 GLEN LKS CR N**  
**ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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		
TITLE	<input type="checkbox"/> Delete	
NAME	<b>P SCHEELE, TAMI J</b>	
STREET ADDRESS	<b>1951 GLEN LAKES CR N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>V SCHEELE, PAUL C</b>	
STREET ADDRESS	<b>1951 GLEN LAKES CIR N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>T MAY, VICKY S</b>	
STREET ADDRESS	<b>350 70TH AVE N #344</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>S O'TOOLE, KEVIN P</b>	
STREET ADDRESS	<b>108 PINEGROVE DR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
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	<b>T RIDINGS, VICKY S.</b>	
STREET ADDRESS	<b>350 70th AVE N. #344</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
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 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: *Tami J Scheele* President      Date: 4-26-00      Daytime Phone #: 727-576-1336

CR2E034 (9/99)