


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90127 035 \*\*\*150.00

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| <b>DOCUMENT #</b> P96000072258         |  |
| <b>1. Entity Name</b><br>PAVITAKE CORP |   |

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|---|---|
| <b>Principal Place of Business</b><br>1951 GLEN LAKES CIRCLE NORTH<br>ST. PETERSBURG FL 33702 | <b>Mailing Address</b><br>1951 GLEN LAKES CIRCLE NORTH<br>ST. PETERSBURG FL 33702 |
|---|---|

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| <b>2. Principal Place of Business</b><br>9356 45th St N<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>9356 45th St N<br>Suite, Apt. #, etc. |
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☐ CHECK HERE IF MAKING CHANGES

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| <b>City &amp; State</b><br>Pinellas Park, FL | <b>City &amp; State</b><br>Pinellas Park, FL |
| <b>Zip</b><br>33782                          | <b>Zip</b><br>33782                          |
| <b>Country</b><br>USA                        | <b>Country</b><br>USA                        |

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|------------------------------------|---|
| <b>4. FEI Number</b><br>59-3403448 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>SCHEELE, TAMI<br>1951 GLEN LKS CR N<br>ST. PETERSBURG FL 33702 |
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| <b>7. Name and Address of New Registered Agent</b><br><br>Name: Tami Scheele<br>Street Address (P.O. Box Number is Not Acceptable): 9356 45th St N<br>City: Pinellas Park FL Zip Code: 33782 |
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| <b>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.</b><br><br>SIGNATURE: <u>Tami Scheele</u> President DATE: <u>4-28-03</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                           |                                 |
|--|---------------------------------|
| <b>TITLE</b><br>P                                    | <input type="checkbox"/> Delete |
| <b>NAME</b><br>SCHEELE, TAMI J                       |                                 |
| <b>STREET ADDRESS</b><br>1951 GLEN LAKES CR N        |                                 |
| <b>CITY-ST-ZIP</b><br>ST PETERSBURG FL               |                                 |
| <b>TITLE</b><br>V                                    | <input type="checkbox"/> Delete |
| <b>NAME</b><br>SCHEELE, PAUL C                       |                                 |
| <b>STREET ADDRESS</b><br>1951 GLEN LAKES CIR N       |                                 |
| <b>CITY-ST-ZIP</b><br>ST PETERSBURG FL               |                                 |
| <b>TITLE</b><br>T                                    | <input type="checkbox"/> Delete |
| <b>NAME</b><br>RIDINGS, VICKY S                      |                                 |
| <b>STREET ADDRESS</b><br>8381 17TH WAY NORTH         |                                 |
| <b>CITY-ST-ZIP</b><br>SAINT PETERSBURG FL 33702-2854 |                                 |
| <b>TITLE</b><br>S                                    | <input type="checkbox"/> Delete |
| <b>NAME</b><br>O'TOOLE, KEVIN P                      |                                 |
| <b>STREET ADDRESS</b><br>736 GUILD DRIVE             |                                 |
| <b>CITY-ST-ZIP</b><br>VENICE FL 34285                |                                 |
| <b>TITLE</b>   | <input type="checkbox"/> Delete |
| <b>NAME</b>  |                                 |
| <b>STREET ADDRESS</b>                                |                                 |
| <b>CITY-ST-ZIP</b>                                   |                                 |
| <b>TITLE</b>   | <input type="checkbox"/> Delete |
| <b>NAME</b>  |                                 |
| <b>STREET ADDRESS</b>                                |                                 |
| <b>CITY-ST-ZIP</b>                                   |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| <b>TITLE</b><br>P                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>Scheele, Tami J                        |  |
| <b>STREET ADDRESS</b><br>9356 45th St N               |  |
| <b>CITY-ST-ZIP</b><br>Pinellas Park, FL 33782         |  |
| <b>TITLE</b><br>V                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>Scheele, Paul C                        |  |
| <b>STREET ADDRESS</b><br>9356 45th St N               |  |
| <b>CITY-ST-ZIP</b><br>Pinellas Park, FL 33782         |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |

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| <b>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.</b> |
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| <b>SIGNATURE:</b> <u>Tami Scheele</u> President                                   | <b>DATE:</b> <u>4-28-03</u> | <b>DAYTIME PHONE #:</b> <u>727-576-1336</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                             |   |

CR2E034 (10/02)