

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90093 013 \*\*\*150.00

DOCUMENT # P96000072389

1. Entity Name  
**PAIR & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

~~#14 LAKESIDE DR~~  
~~PENSACOLA FL 32507~~  
 US

P.O. BOX 12083  
~~#14 LAKESIDE DR~~  
 PENSACOLA FL 32590  
 US

2. Principal Place of Business

3. Mailing Address

1255 MAROGANY Mill Rd.  
 Suite, Apt. #, etc.

P.O. Box 12083  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola**

City & State  
**PENSACOLA**

4. FEI Number **59-3407004**

Applied For  
 Not Applicable

Zip **32507**

Country **ESCAMBIA**

Zip **32590**

Country **ESCAMBIA**

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

PAIR JOSEPH Z  
 #14 LAKESIDE DR  
 PENSACOLA BEACH FL 32507

Name **J. Z. Pair**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1255 MAROGANY Mill Rd**  
**P.O. Box 12083**  
 City **Pensacola** FL Zip Code **32590**

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 *[Signature]*

DATE **4/23/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAIR, JOSEPH Z #14 LAKESIDE DR PENSACOLA BEACH FL 32507</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAIR, BART S P O BOX 12083 PENSACOLA FL 32590</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAIR, BRITT P.O. BOX 12083 PENSACOLA FL 32590</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAIR, MATTHEW P.O. BOX 12083 N/A PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joseph Z Pair P.O. Box 12083 Pensacola FL 32590</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E084 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power like empowered.

SIGNATURE:

*[Signature]* **5/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Joseph Z. Pair**