

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90137 044 ***150.00

DOCUMENT # P96000088584



1. Entity Name
VAN PAN, INC.

Principal Place of Business
3481 PALM BEACH BLVD
FORT MYERS FL 33916
US

Mailing Address
3481 PALM BEACH BLVD
FORT MYERS FL 33916
US



2. Principal Place of Business

7500 NW 42ND AVE. RD

3. Mailing Address

7500 N.W. 42ND AVE. RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

65-0704259

Applied For

Not Applicable

Zip

Country

34482

MARION

Zip

Country

34482

MARION

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tom Stuetzman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **STRAUTMAN, THOMAS J**
STREET ADDRESS **3032 PALM BEACH BOULEVARD**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **STRAUTMAN, THOMAS J**
STREET ADDRESS **3481 PALM BEACH BLVD.**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **STRAUTMAN THOMAS J**
STREET ADDRESS **7500 N.W. 42ND AVE. RD**
CITY-ST-ZIP **Ocala, FLA. 34482**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Tom Stuetzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 352-732-2837

Date

Daytime Phone #

CR2E034 (10/02)