

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90032 019 \*\*\*150.00

**DOCUMENT #** P97000075770 ✓  
**1. Entity Name**  
**PAGS ENTERPRISES INC.**

**Principal Place of Business**  
 121 MAIN ST  
 AUBURNDALE, FL  
 33823

**Mailing Address**  
 2595 NELSON ST  
 AUBURNDALE FL  
 33823

**2. Principal Place of Business**  
 121 MAIN ST  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 2595 NELSON ST  
 Suite, Apt. #, etc.

**City & State**  
 AUBURNDALE FL

**City & State**  
 AUBURNDALE FL

**4. FEI Number** 59-3465265  Applied For  
 Not Applicable

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

**Zip** 33823 **Country** USA **Zip** 33823 **Country** USA

~~XXXXXXXXXX~~

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 PAMELA A GRANGER, PRESIDENT  
 2595 NELSON ST  
 AUBURNDALE FL 33823

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAMELA A. GRANGER 2595 NELSON ST. AUBURNDALE, FL 33823-4816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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:** *Pamela Granger, President* **3/31/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #