## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000052490** PAJAMA PROPERTIES INC 04-17-2000 90061 003 \*\*\*150.00 Principal Place of Business Mailing Address 11031 128TH AVE. NO. 11031 128TH AVE. NO. LARGO FL 33778-2108 LARGO FL 33778-2108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3517456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCOEUR, MARCIA A Street Address (P.O. Box Number is Not Acceptable) 11031 128TH AVE. NO. **LARGO FL 33778** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition FRANCOEUR, MARCIA A NAME NAME STREET ADDRESS 11031 128TH AVE. NO. STREET ADDRESS CITY-ST-ZIP LARGO FL 33778-2108 CITY-ST-ZIP PS TITLE ☐ Delete ☐ Change ☐ Addition FRANCOEUR, JOSEPH A NAME NAME STREET ADDRESS 11031-128TH AVE. NO. STREET ADDRESS CITY-ST-ZIP LARGO FL 33778-2108 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

727-585-5943

CR2Fn34 /9/99