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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053557

1. Entity Name

PAG ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1344 Malabar Road SE	1344 Malabar Road SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay, FL	City & State: Palm Bay, FL
Zip: 32907 Country: USA	Zip: 32907 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517630 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paul Green

Street Address (P.O. Box Number is Not Acceptable)

1344 Malabar Road SE

City: Palm Bay FL Zip Code: 32907

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: Paul Green, Registered Agent 07/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D/P/S	Riffle, Frances S. 437 11th Avenue, Indialantic, FL 32903
T	Hines, James T. 1344 Malabar Road SE, Palm Bay, FL 32907
Managing Director	Green, Paul A. 1344 Malabar Road SE, Palm Bay, FL 32907

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE
	IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frances Riffle Frances Riffle, President 07/15/03 321-728-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #