

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062160

1. Entity Name  
PAMALA STANLEY, INC.Principal Place of Business  
4015 W. PALM AIRE DR  
APT 808  
POMPANO BEACH FL 33069Mailing Address  
C/O BRIAN LYNN C.P.A.  
2 UNIVERSITY DR. STE 215  
PLANTATION FL 333242. Principal Place of Business  
P.O. BOX 11392  
Suite, Apt. #, etc. 1709 CORAL GARDENS DR  
WILTON MANORS  
City & State  
Fort Lauderdale, FL  
Zip 33339 Country USA  
Zip 33339

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number  
65-0851650  
Applied For  
Not Applicable5. 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

Name STANLEY, Pamela  
Street Address (P.O. Box Number is Not Applicable)  
P.O. BOX 11392 1709 CORAL GARDENS DR  
CITY FORT LAUDERDALE WILTON MANORS FL Zip Code 33339

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 *Pamala Stanley* DATE *1/16/02*  
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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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	PTSD STANLEY, PAMELA 4015 W. PALM AIRE DR #808 POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pamala, Stanley PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 11392 1709 CORAL GARDENS DR FORT LAUDERDALE, FL 33339 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY MANARO, FRANK C. III 1709 CORAL GARDENS DR WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Pamala Stanley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/16/02* Daytime Phone #

Pamala Stanley

3/01/02

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