


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90818 028 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | |
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| DOCUMENT # P99000052399 1. Entity Name PAMPERED MOVES INC. |  |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 180 SARASOTA CTR BLVD Suite, Apt. #, etc. | 3. Mailing Address SAME Suite, Apt. #, etc. |
| City & State SARASOTA, FL Zip 34240 | City & State Zip Country |

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0936401 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | |
| Name PATRICIA MARTIN | |
| Street Address (P.O. Box Number is Not Acceptable) 7223 MAUNA LOA BLVD | |
| City SARASOTA | FL Zip Code 34241 |

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IN THIS SPACE**

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

| | |
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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|--|--------------------------------|-----------------------|--|
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE P | NAME PATRICIA MARTIN | TITLE | |
| STREET ADDRESS 7223 MAUNA LOA BLVD | STREET ADDRESS | NAME | |
| CITY-ST-ZIP SARASOTA, FL 34241 | CITY-ST-ZIP | STREET ADDRESS | |
| TITLE VP | NAME ROGER MARTIN | TITLE | |
| STREET ADDRESS 7223 MAUNA LOA BLVD | STREET ADDRESS | NAME | |
| CITY-ST-ZIP SARASOTA, FL 34240 | CITY-ST-ZIP | STREET ADDRESS | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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IN THIS SPACE**

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

SIGNATURE: Patricia Martin / Patricia MARTIN 4/26/03 941-343-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)