

2000 UNIFORM BUSINESS REPORT (UBR)

2

FILED

May 16, 2000 8:00 am
Secretary of State

02-26-2000 90049 042 ***150.00

DOCUMENT # P99000093612

1. Entity Name

PILLOWS BY PAMI, INC.

Principal Place of Business

105 SOUTH COCHRAN ROAD
GENEVA FL 32732

Mailing Address

105 SOUTH COCHRAN ROAD
GENEVA FL 32732-9748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3622184

☒ Applied For
☐ Not Applicable

5. 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

OWENS, PAMYL A ELSTON
105 SOUTH COCHRAN ROAD
GENEVA FL 32732

Name

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

City

FL

Zip Code

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 Pamyla Elston Owens
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) ☐

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWENS, PAMYL A ELSTON	
STREET ADDRESS	105 SOUTH COCHRAN ROAD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUPE, ROBERT SR	
STREET ADDRESS	STATE RD 13, 353 SOUTH	
CITY-ST-ZIP	BITHIO FL 32833	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, MARY A	
STREET ADDRESS	105 SOUTH COCHRAN ROAD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOTT, LORI	
STREET ADDRESS	STATE RD 46 BOX 225	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELSTON, TRACY	
STREET ADDRESS	STATE RD 46 BOX 225	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	Robert + Blair Shupe	<input checked="" type="checkbox"/> Delete
NAME	J.R.	
STREET ADDRESS	ST. RD. 13 353 S.	
CITY-ST-ZIP	Bithio FL 32833	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Robert + Blair Shupe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.R.	
STREET ADDRESS	STATE RD 13, 353 SOUTH	
CITY-ST-ZIP	Bithio FL 32833	
TITLE	He Move	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Pamyla Elston Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamyla Elston Owens

Date

Daytime Phone #

407-349-9929

CH2E034 (9/95)