

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90016 001 ***150.00

DOCUMENT # P99000102168

1. Entity Name
PAON MANAGEMENT CORPORATION

Principal Place of Business
**39650 US HWY 19 N UNIT 1011
TARPON SPRINGS FL 34688**

Mailing Address
**P O BOX 1119
TARPON SPRINGS FL 34688**



2. Principal Place of Business

3. Mailing Address

PO BOX 470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ROCK HILL, NEW YORK

4. FEI Number **59-3616951**

Applied For

Not Applicable

Zip

Country

Zip

Country

12775-0470

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

**FLEAGANE, PAUL R
39650 US HWY 19 N UNIT 1011
TARPON SPRINGS FL 34688**

Name

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

City

FL

Zip Code

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLEAGANT, PAUL R
PO BOX 1119
TARPON SPRINGS FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO BOX 470
ROCK HILL, NY 12775-0470** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTS
FREAGANE, PAUL
PO BOX 1119
TARPON SPRINGS FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO BOX 470
ROCK HILL, NY 12775-0470** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

845-796-4141

Daytime Phone #

CR2E034 (9/01)