

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91468 039 ***158.75

DOCUMENT # S16660

1. Entity Name

PAMELA TEMPLES INTERIORS, INC.

Principal Place of Business

719 PEACHTREE ROAD
 ORLANDO FL 32804
 US

Mailing Address

719 PEACHTREE ROAD
 SUITE 101
 ORLANDO FL 32804
 US

2. Principal Place of Business

9154 GREAT HERON LN.

Suite, Apt. #, etc.

3. Mailing Address

9154 GREAT HERON LANE

Suite, Apt. #, etc.

City & State

ORLAND FL

City & State

ORLANDO, FL

Zip

32836

Country

USA

Zip

32836

Country

USA

4. FEI Number

59-3047206

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L.

4740 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33803

CLARK, RONALD L.

~~P.O. Box 6659~~

Lakeland, FL
 33807

7. Name and Address of New Registered Agent

Name

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

500 SOUTH Florida Avenue

Suite 800

City

Lakeland

FL

Zip Code

33801

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

TITLE	CSP	<input type="checkbox"/> Delete
NAME	MCMULLEN, PAMELA R	
STREET ADDRESS	134D	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPF	<input checked="" type="checkbox"/> Delete
NAME	YANCE, SHARON	
STREET ADDRESS	7625 ASHLEY PARK CT, STE. 306	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *Pamela R McMillen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (407) 298 9484
 Date Daytime Phone #

CR2E034 (9/01)