## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

US

ORLANDO FL 32836

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9154 GREAT HERON LN.

## S16660 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

9154 GREAT HERON LN.

Suite, Apt. #, etc.

CLARK, RONALD L.

LAKELAND FL 33801

500 SOUTH FLORIDA AVE.

City & State

Zip

ORLANDO FL 32836

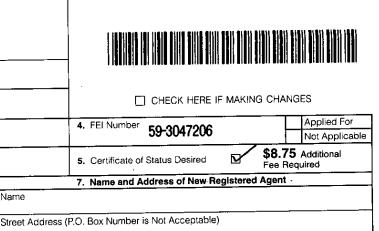
IIS

PAMELA TEMPLES INTERIORS, INC.



FILED May 09, 2003 8:00 am Secretary of State

05-09-2003 90159 001 \*\*\*150.00 05-09-2003 90159 002 \*\*\*\*\*8.75



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.

City

Country

SIGNATURE

**STE 800** 

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

make once	., .,		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		٦.
10.	OFFICERS AND DIRECTOR	RS	11.		ქ გ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSP MCMULLEN, PAMELA R 134D ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∵ Change ☐ Addition	7007 (40)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PAMELA R. MCMULLEN 5.7.03 (407)298 9484

☐ Addition

☐ Addition

☐ Change

☐ Change