

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34208

1. Entity Name

PEMS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90018 015 ***150.00

Principal Place of Business

Mailing Address

6720 LONE OAK BLVD
NAPLES FL 33942

6720 LONE OAK BLVD
NAPLES FL 34109-6834

2. Principal Place of Business

650 15th St., NW

3. Mailing Address

650 15th St., NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

52-1733242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

34120-1912 Collier

34120-1912 Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THURSTON, ROBERT B., SR. C.P.A.
6720 LONE OAK BLVD
NAPLES FL 33942

Name

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

650 15th St., NW

City

Naples

FL

Zip Code

34120-1912

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LOZON, EARL H.
STREET ADDRESS 10 VAN ALLEN, U 802
CITY-ST-ZIP CHATHAM, ONTARIO

TITLE S ☐ Delete
NAME LOZON, PATRICIA A.
STREET ADDRESS 10 VAN ALLEN U 802
CITY-ST-ZIP CHATHAM, ONTARIO

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 Aspen Close
CITY-ST-ZIP Chatham, Ontario, Canada N7L-5M1

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7 Aspen Close
CITY-ST-ZIP Chatham, Ontario, Canada N7L-5M1

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #