FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90232 020 ***150.00

DOCUMENT # S59874

1. Entity Name
PAMELA DUGGER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6560 Fillmore Street	6560 Fillmore Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0269478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dugger, Pamela

Street Address (P.O. Box Number is Not Acceptable): 6560 Fillmore Street

City: Hollywood FL Zip Code: 33024

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.

SIGNATURE _____
(Typed or printed name of registered agent and title if applicable) (Required) (Registered Agent's signature required if filing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD NAME: STREET ADDRESS: CITY-ST-ZIP:	Dugger, Pamela 6560 Fillmore Street Hollywood, FL 33024	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VSD NAME: STREET ADDRESS: CITY-ST-ZIP:	Dugger, Larry 6560 Fillmore Street Hollywood, FL 33024	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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CR2E084B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela C. Dugger 4-14-03 954-961-5267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #