

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S88360**

1. Entity Name

**PAMELA CHESEBROUGH, INC.**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90569 031 \*\*\*150.00

04/23/02 AV

Principal Place of Business

11740 CURRIE LANE  
LARGO FL 33774  
US

Mailing Address

11740 CURRIE LANE  
LARGO FL 33774  
US

2. Principal Place of Business

12551 Indian Rocks Rd

Suite, Apt. #, etc.  
15

City & State

Largo FL

Zip  
33774

Country  
USA

3. Mailing Address

12551 Indian Rocks Rd

Suite, Apt. #, etc.  
15

City & State

Largo FL

Zip  
33774

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3089227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHESEBROUGH, PAMELA  
1064 TALLOWOOD DR.  
LARGO FL 34840

7. Name and Address of New Registered Agent

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

*Pamela H. Curshoff*

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

(NOTE: Registered Agent signature required when renewing)

April 23, 2002

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-STATE-ZIP

DVP  
MORSE, DUANE  
3434 HARBOR LAKE DR  
LARGO FL 33770

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

President  
Pamela Chesebrough  
1064 Tallowood Drive  
Largo FL 33770

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change

☐ Addition

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STREET ADDRESS  
CITY-STATE-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:

*Pamela H. Curshoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002

Date

727-517-2400

Daytime Phone #

CR2034 (9/01)