

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 032 ***158.75

DOCUMENT # 561560

1. Entity Name

POPA BROTHERS, INC.

Principal Place of Business

929 A TAMIAMI TRAIL
 PORT CHARLOTTE FL 33953

Mailing Address

929 A TAMIAMI TRAIL
 PORT CHARLOTTE FL 33953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1827805

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPA, DENNIS T

23414 POINTER AVE

PORT CHARLOTTE FL 33952

Name

POPA, PHILIP G.

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

23414 PAINTER DRIVE

City

PORT CHARLOTTE

FL

Zip Code

33952

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

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

(NOTE: Registered Agent signature required when reinstating)

7/3/02

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 \$550.00

After September 13, 2002 Fee will be \$750.00

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-ST-ZIP

VD
 POPA, PHILIP G.
 23414 PAINTER DRIVE
 PORT CHARLOTTE FL 33952

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
 POPA, SHARON S
 23414 PAINTER DR
 PORT CHARLOTTE FL 33952

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TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

CR2E034 (4/02)

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

7-3-02

94-629-1000

Date

Daytime Phone #

(941) 629-1000
FAX: (941) 625-0094

Attachment
#561320
POPA POOLS and SPAS *12/9/18*

Licensed - Insured

929 - A Tamiami Trail • Port Charlotte, Florida 33953-3152

Lic. # RP0032556

July 3, 2002

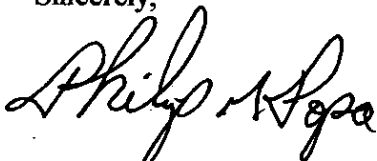
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

Please find enclosed our Uniform Business Report for 2002. You will also find enclosed a check for \$158.75. I have written the check in this amount pursuant to instructions given to me by your office on this day. We never received the first notification of filing. This notice was the first correspondence we have received from your office this year. If memory serves, we should have received this notice during the time that the post office was having some Anthrax - related problems, and it is not the only mail that we have discovered was missing.

Thank you for your cooperation in this matter.

Sincerely,



Philip G. Popa
Registered Agent, President, Director