

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90019 027 ***150.00

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DOCUMENT # P96000052129

1. Entity Name
JUST LIKE FAMILY, INC.

Principal Place of Business 3825 26TH ST W BRADENTON FL 34205 US	Mailing Address 3825 26TH ST W BRADENTON FL 34205 US
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2. Principal Place of Business 4705 26th St. W. Suite, Apt. #, etc. Suite A City & State Bradenton Fl. Zip 34207 Country US	3. Mailing Address 4705 26th St. W. Suite, Apt. #, etc. Suite A. City & State Bradenton Fl. Zip 34207 Country US.
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**GARLICK, PAUL
 3825 26TH ST WEST
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name Paul Garlick
Street Address (P.O. Box Number is Not Acceptable) 4705 26th St. W
Suite A.
City Bradenton
State FL
Zip Code 34207

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]* **Paul Garlick - President** DATE **Feb 18/2002**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLICK, PAUL 90 MICHIANA DR PO BOX 495 TERRA CEIA FL 34250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARLICK, KATHRYN 90 MICHIANA DR PO BOX 495 TERRA CEIA FL 34250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** DATE: **Feb 18/02** DAYTIME PHONE #: **941-751-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)