

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90002 038 ***150.00

8994690
 AT

DOCUMENT # 633526

1. Entity Name
PRICE'S STORE, INC.

Principal Place of Business

**1960 OLD TRAIL RD.
 P.O. BOX 500
 DOCTORS INLET FL 32030**

Mailing Address

**1960 OLD TRAIL RD.
 P.O. BOX 500
 DOCTORS INLET FL 32030**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 30500

Suite, Apt. #, etc.

City & State

City & State

DOCTORS INLET FL

Zip

Country

Zip

Country

32030

USA

4. FEI Number

59-1990112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, THOMAS JAMES JR
 1960 OLD TRAIL DR.
 P.O BOX 500
 DOCTOR INLET FL 32030**

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

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, 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 **ST** ☐ Delete
 NAME **PRICE, NANCY C**
 STREET ADDRESS **1960 OLD TRAIL RD.**
 CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **PV** ☐ Delete
 NAME **PRICE, THOMAS JAMES JR**
 STREET ADDRESS **1960 OLD TRAIL RD.**
 CITY-ST-ZIP **DOCTORS, INLET, FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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 #

1-7-01

CR2E034 (9/01)