

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90071 043 ***150.00

DOCUMENT # 633526

1. Entity Name
PRICE'S STORE, INC.



Principal Place of Business

**1960 OLD TRAIL RD.
P.O. BOX 500- 30500
DOCTORS INLET FL 32030**

Mailing Address

**P. O. BOX 30500
DOCTORS INLET FL 32030
US**

2. Principal Place of Business

1960 OLD TRAIL RD

Suite, Apt. #, etc.

P.O. BOX 30500

City & State

DOCTORS INLET FL

Zip

32030

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32030

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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- 30500

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with or without power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Price, Jr, Pres 1-8-03

Date

Daytime Phone #

904-272-3994

CR2E034 (10/02)