

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90117 008 \*\*\*\*61.25

**DOCUMENT # 756014**

1. Entity Name

**THE POKE-A-DOTS, INC.**



Principal Place of Business

% ALVIN BRUBAKER - BAYSHORE GARDENS  
2074 SUNSET DR., BLDG. 7R APT. 32  
BRADENTON FL 34207

Mailing Address

ELEANOR T. ANDERSON  
8515 U.S. HWY. 41 N. #106  
PALMETTO FL 34221  
US

2. Principal Place of Business

3. Mailing Address

*8515 US Hwy 41 N*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#106*

City & State

City & State  
*Palmetto, FL*

Zip

Country

Zip

Country

*34221*

*Monroe*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2128754**

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

ANDERSON, ELEANOR T  
E515 US HWY 41 N  
#106  
PALMETTO FL 34221

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, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eleanor T. Anderson*

*Eleanor T. Anderson*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **WALKER, DELORES**  
CITY-ST-ZIP **605 22ND ROAD E  
BRADENTON FL 34207**

TITLE ☐ Change ☒ Addition  
NAME *Secretary*  
STREET ADDRESS *Lois McCallough*  
CITY-ST-ZIP *Colon Cora 213 S. Utrecht Street  
Elkton FL 34222*

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **SARDO, J MARICE**  
CITY-ST-ZIP **5112 2ND AVE W  
BRADENTON FL 34209**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ANDERSON, ELEANOR**  
CITY-ST-ZIP **8515 U.S. HWY. 41 N., LOT 106  
BRADENTON FL 34221**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HALLORAN, BETTY J**  
CITY-ST-ZIP **4110 15TH AVE W  
BRADENTON FL 34205**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **POLLEY, RUBY W**  
CITY-ST-ZIP **910 ORLANDO AVENUE W  
BRADENTON FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DAVIS, VIRGINIA**  
CITY-ST-ZIP **6306 7TH AVE W  
BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition  
NAME  
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 130.03, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*941-723-9146*

CR2E037 (10/02)