

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90211 021 \*\*\*150.00

**DOCUMENT # F99000003048**

1. Entity Name  
**JIM DAN, INCORPORATED**

Principal Place of Business  
**900 NORTH OSCEOLA AVE.  
CLEARWATER FL 33755**

Mailing Address  
**900 NORTH OSCEOLA AVE.  
CLEARWATER FL 33755**

**818181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*2087 Edgewater Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Unit B*

City & State

City & State

*Clearwater FL*

4. FEI Number **59-3560664**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33755*

*USA*

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

**GRIECO, DANIEL J II, ESQ  
9089 BELCHER ROAD  
PINELLAS PARK FL 33708**

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, 2001 Fee will be \$650.00~~

**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  
**PDV  
WRACKER, JAMES  
900 NORTH OSCEOLA AVE.  
CLEARWATER FL 33755** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDV  
WRACKER, JAMES  
2087 EDGEWATER DR.  
CLEARWATER, FL 33755** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WRACKER, PATRICIA  
900 NORTH OSCEOLA AVE.  
CLEARWATER FL 33755** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WRACKER, PATRICIA  
2087 EDGEWATER DR  
CLEARWATER, FL 33755** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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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:** *Patricia Wracker* **PATRICIA WRACKER** **2-26-01** **727-446-5375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)