## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # H18761 1. Entity Name 05-06-2002 90060 039 \*\*\*150.00 P & A ENTERPRISES, INC. Mailing Address Principal Place of Business 7080 28TH STREET CT. E. 7080 28TH STREET CT. E. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 2812 Tallevast DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2422375 Not Applicable arasota xarasoto Country \$8.75 Additional Country Zip 5. Certificate of Status Desired manatee Fee Required Manatee 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYDEN, CINDY P leras + 7080 28TH CT E SARASOTA FL 34243 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Addition TITLE ☐ Change TITLE □ Delete NAME HAYDEN, CINDY PETRAT NAME STREET ADDRESS STREET ADDRESS 6924 26TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** Addition . Change ☐ Delete TITLE NAME NAME PETRAT, CARL S. STREET ADDRESS STREET ADDRESS **3114 51ST STREET** CITY-ST-ZIP.-. CITY-ST-ZIP SARASOTA FL Change ☐ Addition TITLE ☐ Delete TITLE ٧D NAME NAME PETRAT, WILLARD STREET ADDRESS STREET ADDRESS 6441 CARMELLA LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 his 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

of at Huyden, Secy-Trees. 4/24/02 94/755 OR DIRECTOR Date Date Daytime Phone #