

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90065 028 ***150.00

0515376 AV

DOCUMENT # H96547

1. Entity Name
CRAZY PAPA'S, INC.

Principal Place of Business

Mailing Address

~~C/O BURT K. ROGERS~~
~~P.O. BOX 698~~
~~SARASOTA FL 34230~~

~~C/O BURT K. ROGERS~~
~~P.O. BOX 698~~
~~SARASOTA FL 34230~~

2. Principal Place of Business

3. Mailing Address

PO BOX 698

PO BOX 698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State
SARASOTA, FL

4. FEI Number
59-2623958

Applied For
Not Applicable

Zip
34230

Country

Zip
34230

Country

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

~~ROGERS, BURT K.~~
~~3815 N OSPREY AVE~~
~~SARASOTA FL 34234~~

Name **ALAN M. ELWELL**
Street Address (P.O. Box Number is Not Acceptable)
3815 N. OSPREY AVE.
City **SARASOTA** FL Zip Code **34234**

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]

3/1/02

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSD~~ ☒ Delete
NAME ~~ROGERS, BURT K.~~
STREET ADDRESS ~~3815 N OSPREY AVE~~
CITY-ST-ZIP ~~SARASOTA FL~~

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **3815 N OSPREY AVE**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ~~ASV~~ ☐ Delete
NAME **ELWELL, ALAN M.**
STREET ADDRESS **3815 N OSPREY AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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] **ALAN M. ELWELL PRES.**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/1/02

DATE

(941) 355-7019

DAYTIME PHONE #

CR2E034 (9/01)