

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90045 012 \*\*\*150.00

**DOCUMENT # H96547**

**1. Entity Name**  
**CRAZY PAPA'S, INC.**



**Principal Place of Business**

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

**Mailing Address**

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

**2. Principal Place of Business**

*CRAZY PAPA'S INC.*  
Suite, Apt. #, etc.

**3. Mailing Address**

*3815 - N. Osprey Ave.*  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**

*SARASOTA.*

**City & State**

*SARASOTA.*

**4. FEI Number**

**59-2623958**

**Applied For**

☐ Not Applicable

**Zip**  
*34234*

**Country**  
*SARASOTA*

**Zip**  
*34234*

**Country**  
*SARASOTA*

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ELWELL, ALAN M**  
**3815 N OSPREY AVE**  
**SARASOTA FL 34234**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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**

**T** ☐ Delete  
**MILHOLLAND, JACK JR.**  
**3815 N OSPREY AVE**  
**SARASOTA FL**

**PS** ☐ Delete  
**ELWELL, ALAN M.**  
**3815 N OSPREY AVE**  
**SARASOTA FL**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**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 all other like empowered.**

**SIGNATURE:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**MAR 31 2003**

Date

Daytime Phone #

*941-355-7619*

CR2E034 (10/02)