

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # J30972**1. Entity Name
PUG'S CO., INC.**Principal Place of Business**% WILLIAM T. HARRISON, JR.
1550 RINGLING BLVD.
SARASOTA FL 34236**Mailing Address**% WILLIAM T. HARRISON, JR.
1550 RINGLING BLVD.
SARASOTA FL 34236**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2717770**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HARRISON, WILLIAM T., JR.
1550 RINGLING BLVD.

SARASOTA FL 34236

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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 \$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**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARRISON, NANCY C.	
STREET ADDRESS	311 24TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARRISON, ROBERT	
STREET ADDRESS	825 TAMiami TRAIL SOUTH STE 2	
CITY-ST-ZIP	VENICE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HENDRICK, SUSAN H.	
STREET ADDRESS	8422 CRESCO LANE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARRISON, III, WILLIAM T	
STREET ADDRESS	4920 NEW PROVIDENCE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HARRISON, ADELINE	
STREET ADDRESS	1610 N. LODGE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRISON, WILLIAM T., JR	
STREET ADDRESS	1610 N LODGE DR	
CITY-ST-ZIP	SARASOTA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ROBERT	
STREET ADDRESS	825 TAMiami TRAIL SOUTH STE 2	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William T. Harrison, III

Trea

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)