

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90014 020 ***150.00

DOCUMENT # K98354

1. Entity Name
SURPET PROPERTIES, INC.

Principal Place of Business

**3304 ELM ST
 2414 61ST ST., E.
 ELLENTON FL 34222
 US**

Mailing Address

**POST OFFICE BOX 570
 P. O. BOX 570
 ELLENTON FL 34222-0570
 US**

2. Principal Place of Business

3304 ELM ST.

3. Mailing Address

3304 ELM ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLENTON, FL.

City & State

ELLENTON, FL.

4. FEI Number **65-0143389**

Applied For

Not Applicable

Zip

Country

34222-2210 - Manatee

Zip

Country

34222-2210 - Manatee

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

**PETTIT, BETTY ANN
 3304 ELM ST
 ELLENTON FL 34222**

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 *Betty Anne Pettit* (mailing address only)

(NOTE: Registered Agent signature required when reinstating)

4-4-01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIT, BETTY ANN 3304 ELM ST ELLENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SURLES, BEVERLY J. 806 NANCY GAMBLE LN. ELLENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Betty Anne Pettit* President
 BETTY ANNE PETTIT

4-4-01
 Date

941-729-1331
 Daytime Phone #

CR2E034 (10/00)