

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002550

1. Entity Name

PON TIMES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90185 015 ****70.00

Principal Place of Business

540 77TH AVE
ST PETERSBURG BEACH FL 33706

Mailing Address

540 77TH AVE
ST PETERSBURG BEACH FL 33706-1706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

540-77th Ave

3. Mailing Address

540-77th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St Pete Beach, FL

St Pete Beach, FL

City & State

City & State

St Pete Beach, FL

St Pete Beach, FL

Zip

Country

Zip

Country

33706

USA

33706

USA

4. FEI Number

59-3570128

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR
540 77TH AVE
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name

Cheri O'Neal

Street Address (P.O. Box Number is Not Acceptable)

540-77th Ave

City

St Pete Beach

FL

Zip Code

33706

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

Cheri O'Neal

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TITUS, C.J	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, JULIE	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINCH, MERRILEE	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CZERECHOWICZ, CINDY	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, CHERIE	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPELA, JERRY	
STREET ADDRESS	540 77TH AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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 617, 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:

Cheri O'Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

727-535-6868

Daytime Phone #

CR2E037 (9/99)