

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002550

1. Entity Name

PON TIMES, INC.

Principal Place of Business

540 77TH AVE
ST PETERSBURG BEACH FL 33706

Mailing Address

540 77TH AVE
ST PETERSBURG BEACH FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

O'NEAL, CHERI
540 77TH AVE
ST PETERSBURG BEACH FL 33706

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)

DATE

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 ☒ Delete
NAME TITUS, C J
STREET ADDRESS 540 77TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE VD ☐ Delete
NAME ROSENTHAL, JULIE
STREET ADDRESS 540 77TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE VD ☐ Delete
NAME FINCH, MERRILEE
STREET ADDRESS 540 77TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE STD ☒ Delete
NAME CZERECHOWICZ, CINDY
STREET ADDRESS 540 77TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE D ☐ Delete
NAME O'NEAL, CHERIE
STREET ADDRESS 540 77TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

5-301 727-835-6768

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90015 005 ****61.25

549947



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)