

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000008331**1. Entity Name
THE PAD PLACE, INC.

Principal Place of Business

4646 ASHTON ROAD

SARASOTA
34233

FL

Mailing Address

4646 ASHTON ROAD

SARASOTA
34233

FL

2. Principal Place of Business
4694 ASHTON ROAD3. Mailing Address
4694 ASHTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA

FL

City & State
SARASOTA

FL

Zip
34233

Country

Zip
34233

Country

4. FEI Number

65-0981570

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KUNDERT PAMELA
4646 ASHTON ROADSARASOTA
34233

FL

7. Name and Address of New Registered Agent

Name

KUNDERT PAMELA

Street Address (P.O. Box Number is Not Acceptable)
4694 ASHTON ROADCity
SARASOTA

FL

Zip Code
34233

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 _____ **03/08/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KUNDERT MIKE | |
| STREET ADDRESS | 4646 ASHTON ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KUNDERT PAMELA A | |
| STREET ADDRESS | 4694 ASHTON RD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUNDERT MICHAEL V | |
| STREET ADDRESS | 4694 ASHTON ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| 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 | | |

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: MICHAEL V KUNDERT

D/P

03/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**V/S PAMELA A KUNDERT
4694 ASHTON RD**

SARASOTA FL 34233