

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90102 003 \*\*\*150.00

DOCUMENT # P00000010001  
1. Entity Name POPE'S PREMIUM SERVICE'S INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11215 PARKSIDE R.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
BRADENTON, FL.  
Zip 34202 Country MAVATEE

City & State  
Zip Country

4. FEI Number  
65-0981657

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name Daniel L. Prewett  
Street Address (P.O. Box Number is Not Acceptable)  
5727 Beneva Road South  
City Sarasota FL Zip Code 34233

**DO NOT WRITE  
IN THIS SPACE**

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

05/23/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 OWNER  
NAME GARY POPE  
STREET ADDRESS 11215 PARKSIDE R.  
CITY-ST-ZIP BRADENTON, FL. 34202

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02 941-755-7020

CR2E034B (12/01)