

4/9/01

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-09-2001 90063 023 ***150.00

DOCUMENT # P00000017796

1. Entity Name

PAIR-A-DICE UNDER PRESSURE, INC.

Principal Place of Business

Mailing Address

**32 HILTON DR. #2
KEY WEST FL 33040****32 HILTON DR. #2
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

17325 KEYSTONE RD.**17325 KEYSTONE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SUGARLOAF KEY**SUGARLOAF KEY**

4. FEI Number

Applied For

65-0985832

Not Applicable

Zip

Country

Zip

Country

33042**USA****33042****USA**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

**KELLEY, ALBERT
926 TRUMAN AVE.
KEY WEST FL 33040**

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

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	PD	<input type="checkbox"/> Delete
NAME	GREUNKE, CHESTER	
STREET ADDRESS	32 HILTON HAVEN DR. #2	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREUNKE CHESTER	
STREET ADDRESS	17325 KEYSTONE RD.	
CITY-ST-ZIP	SUGARLOAF KEY FLA 33042	

TITLE	ST	<input type="checkbox"/> Delete
NAME	GREUNKE, KRISTEN	
STREET ADDRESS	32 HILTON HAVEN DR. #2	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREUNKE KRISTEN	
STREET ADDRESS	17325 KEYSTONE RD.	
CITY-ST-ZIP	SUGARLOAF KEY FLA 33042	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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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: *Kristen Greunke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Daytime Phone #

(305) 296-4022

CR2E034 (10/00)