

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90063 020 ***150.00

DOCUMENT # P00000029114

1. Entity Name
J.P. WONDERFUL TIME MOTEL, INC.



Principal Place of Business
**348 INDIANA STREET
HOLLYWOOD FL 33019**

Mailing Address
~~2460 SW 50TH ST~~
~~FORT LAUDERDALE FL 33312~~
1080 DELIAGO CIR. APT#205
SUNRISE FL. 33313

2. Principal Place of Business
J.P. WONDERFUL TIME MOTEL INC.

3. Mailing Address
1080 DELIAGO CIR

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
APT#205

City & State
HOLLYWOOD BEACH FL

City & State
SUNRISE FL.

Zip
33019

Country
(USA)

Zip
33313

Country
USA

4. FEI Number
65-1001492

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PANCIONE, JOSEPH
348 INDIANA STREET
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name
JOE PANCIONE and Antonio ADAMO
Street Address (P.O. Box Number is Not Acceptable)
1080 DELIAGO CIR. APT#205
City
SUNRISE FL. **FL** Zip Code
33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joseph C. Perni**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PANCIONE, JOSEPH
348 INDIANA STREET
HOLLYWOOD FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ADAMO, ANTONIO
348 INDIANA STREET
HOLLYWOOD FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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 info empowered.

SIGNATURE **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)