

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90281 046 ***150.00

DOCUMENT # P00000053580

1. Entity Name

THICKETS CONTRACT SERVICES, INC.

Principal Place of Business

302 N. UNIVERSITY AVE
 ARCHER FL 32618

Mailing Address

PO BOX 2547
 VERO BEACH FL 32961

2. Principal Place of Business

302 N. UNIVERSITY AVE

3. Mailing Address

P.O BOX 873

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCHER FL

City & State

ARCHER FL

Zip

32618

Country

USA

Zip

32618

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1012400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YATSKO, PAUL N
 6018 NW 116TH PLACE
 ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Paul G. YATSKO

Street Address (P.O. Box Number is Not Acceptable)

1325 SW 5th STREET

City

CHIEFLAND

FL

Zip Code

32626

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]

PAUL G. YATSKO

4-29-02

(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, 2002 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

| | | |
|----------------|----------------------|--|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ZINK, ANGANNIE | |
| STREET ADDRESS | 1325 SW 15TH STREET | |
| CITY-ST-ZIP | CHIEFLAND FL 32615 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | YATSKO, PAUL N | |
| STREET ADDRESS | 6018 NW 116TH PLACE | |
| CITY-ST-ZIP | ALACHUA FL 32615 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CLAYTON, DENNIS | |
| STREET ADDRESS | PO BOX 357341 | |
| CITY-ST-ZIP | GAINESVILLE FL 32635 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | YATSKO, SHIRLEY D | |
| STREET ADDRESS | 6018 NW 116TH PLACE | |
| CITY-ST-ZIP | ALACHUA FL 32615 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | YATSKO, PAUL G | |
| STREET ADDRESS | 1325 SW 15TH STREET | |
| CITY-ST-ZIP | CHIEFLAND FL 32615 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | SD/CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZINK, ANGANNIE | |
| STREET ADDRESS | 1325 SW 5th STREET | |
| CITY-ST-ZIP | CHIEFLAND FL 32626 | |
| 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 | PD/TO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YATSKO, PAUL G. | |
| STREET ADDRESS | 1325 SW 5th STREET | |
| CITY-ST-ZIP | CHIEFLAND FL 32626 | |
| 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:

[Signature] PAUL G. YATSKO

4-29-02

352 490 7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)