

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am
Secretary of State**

01-30-2001 90110 034 ***150.00

DOCUMENT # P00000074675

1. Entity Name

PAN & PANTRY, INC.

Principal Place of Business

**4152 SUTH SUNCOAST BLVD.
HOMOSASSA FL 34446**

Mailing Address

**4152 SUTH SUNCOAST BLVD.
HOMOSASSA FL 34446**

2. Principal Place of Business

9225 W. Fishbowl Dr.

3. Mailing Address

4152 S. Suncoast Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Homosassa FL

City & State

Homosassa FL

4. FEI Number

59-3683709

Applied For

Not Applicable

Zip

34446

Country

Citrus

Zip

34446

Country

Citrus5. 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

**CADENHEAD, CHRIS
420 EAST PINE AVENUE
CRESTVIEW FL 32539**

Name

-Michael Kulow

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

4 Birch Tree St.

City

Homosassa**FL**

Zip Code

34446

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 **Michael Kulow**

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

(NOTE: Registered Agent signature required when reinstating)

01/23/01

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	KULOW, MICHAEL	
STREET ADDRESS	4 BIRCHTREE STREET	
CITY-ST-ZIP	HOMOSASSA FL 34446	

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Kulow	
STREET ADDRESS	4 Birch Tree St.	
CITY-ST-ZIP	Homosassa FL 34446	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CADENHEAD, CHRIS	
STREET ADDRESS	420 EAST PINE AVENUE	
CITY-ST-ZIP	CRESTVIEW FL 32539	

TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Kulow	
STREET ADDRESS	4 Birch Tree St.	
CITY-ST-ZIP	Homosassa FL 34446	

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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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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		

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 Kulow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

352-628-6014

Daytime Phone #

CR2E034 (10/00)