

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90106 017 \*\*\*150.00

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**DOCUMENT # P00000083569**



1. Entity Name  
**THRIFTY BARGAIN SUPPLY, INC.**

Principal Place of Business  
**2941 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119**

Mailing Address  
**2941 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3669735**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKIN, MARSHALL H.  
149 S RIDGEWOOD AVE  
SUITE 710  
DAYTONA BEACH FL 32114**

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PS  
PETRIE, BETTE A**  
STREET ADDRESS **6170 ST RT 1700**  
CITY-ST-ZIP **FORDSVILLE KY 42343**

TITLE  Change  Addition  
NAME **PS  
PETRIE, BETTE A**  
STREET ADDRESS **2941 S. RIDGEWOOD AVE**  
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE  Delete  
NAME **VPT  
PETRIE, KENNETH JR**  
STREET ADDRESS **6170 ST RT 1700**  
CITY-ST-ZIP **FORDSVILLE KY 42343**

TITLE  Change  Addition  
NAME **VPT  
PETRIE, KENNETH JR.**  
STREET ADDRESS **2941 S. RIDGEWOOD AVE**  
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: **PS BETTE A. PETRIE** *Bette A. Petrie* **4-2-03** **386-756-2229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)