

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0064715 AV

DOCUMENT # P00000098223

1. Entity Name

TWO PRICKS AND A CHICK, INC.

03-29-2002 91220 028 ***150.00

Principal Place of Business

6406 SW 35TH WAY
 GAINESVILLE FL 32608

Mailing Address

6406 SW 35TH WAY
 GAINESVILLE FL 32608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8506 SW 98TH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2506 SW 98TH DRIVE

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3691944

Applied For

Not Applicable

Zip

32608-8676

Country

ALACHUA

Zip

32608-8676

Country

ALACHUA

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

6. Name and Address of Current Registered Agent

CAMERON, RALPH

6406 SW 35TH WAY Address Change
 GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

2506 SW 98TH DRIVE

City

GAINESVILLE

FL

Zip Code

32608-8676

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, 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	CEO	<input type="checkbox"/> Delete
NAME	CAMERON, BONNIE	
STREET ADDRESS	6406 SW 35TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMERON, BONNIE	
STREET ADDRESS	6406 SW 35TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	CAMERON, RALPH	
STREET ADDRESS	6406 SW 35TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2506 SW 98TH DRIVE	
CITY-ST-ZIP	32608-8676	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2506 SW 98TH DRIVE	
CITY-ST-ZIP	32608-8676	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2506 SW 98TH DRIVE	
CITY-ST-ZIP	32608-8676	
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		<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: *Bonnie Cameron* **Bonnie Cameron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 (352) 331-9706

Date

Daytime Phone #

CR2E034 (9/01)