

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102684

1. Entity Name

CRAZY JIM'S PAINT AND BODY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90081 050 ***150.00

Principal Place of Business

1145 ENTERPRISE DRIVE
PORT CHARLOTTE FL 33953

Mailing Address

1145 ENTERPRISE DRIVE
PORT CHARLOTTE FL 33953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1104744**
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

THOMAS, JAMES H

1145 ENTERPRISE DRIVE

PORT CHARLOTTE FL 33953

Name

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

City

FL

Zip Code

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

8. 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES H	
STREET ADDRESS	1145 ENTERPRISE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES H	
STREET ADDRESS	1145 ENTERPRISE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James H. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 941-613-6045
Date Daytime Phone #

CR2E034 (9/01)