

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90108 045 \*\*\*150.00

**DOCUMENT #** P00000108806

**1. Entity Name**

*There Is No Such Thing As Competition, Inc*

**Principal Place of Business**

**Mailing Address**

*6009 Sea Ranch Drive  
#2-714  
Hudson, FL. 34667*

*Same*

**2. Principal Place of Business**

**3. Mailing Address**

*6009 Sea Ranch Drive  
Suite, Apt. #, etc.  
#2-714*

*Same*

**City & State**

**City & State**

*Hudson Florida*

**4. FEI Number**

**Applied For**

*59-3682738*

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

*34667*

*USA*

**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**

*Accounting & Tax Help, Inc.  
8668 Park Blvd. Suite A  
Seminole, FL. 33777*

**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.**

**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, 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<i>Pardy, Nicholas</i>	
<b>STREET ADDRESS</b>	<i>6009 Sea Ranch Drive #2-714</i>	
<b>CITY-ST-ZIP</b>	<i>Hudson, FL. 34667</i>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>D, V. Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
<b>NAME</b>	<i>Pardy, Nicholas</i>	
<b>STREET ADDRESS</b>	<i>6009 Sea Ranch Drive #2-714</i>	
<b>CITY-ST-ZIP</b>	<i>Hudson, FL. 34667</i>	
<b>TITLE</b>	<b>President, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
<b>NAME</b>	<i>Hollenstein, Dorothy</i>	
<b>STREET ADDRESS</b>	<i>5915 Sea Ranch Drive #715</i>	
<b>CITY-ST-ZIP</b>	<i>Hudson, FL. 34667</i>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*X Dorothy Hollenstein*

*4-20-01*  
**DATE**

*(727-863-2452)*  
**Phone #**