

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 PM 1:06



DOCUMENT # P00000113224

1. Entity Name
SNEAKY PETE'S, INC.

Principal Place of Business
24 SOUTH BABCOCK ST.
MELBOURNE FL 32901

Mailing Address
24 SOUTH BABCOCK ST.
MELBOURNE FL 32901

2. Principal Place of Business

517 Bahama Drive

3. Mailing Address

517 Bahama Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch FL

City & State

Indian Harbour Bch FL

Zip

32937

Country

Brevard

Zip

32937

Country

Brevard

REINSTATEMENT

FEI Number 593696479

Applied For SP

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKOLIA, PETER
24 SOUTH BABCOCK ST.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

517 Bahama Drive

Indian Harbour Beach FL Zip Code 32937

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 Peter Bakolia

9/25/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BAKOLIA, PETER 24 SOUTH BABCOCK ST. MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKOLIA, PETER 24 SOUTH BABCOCK ST. MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	517 Bahama Drive Indian Harbour Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	517 Bahama Drive Indian Harbour Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004627638--4 -10/08/01--01085--030 ****758.75 ****758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Bakolia REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01 321-795-8930

Date

Daytime Phone #

CR2E034 (5/01)