

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012956

1. Entity Name
GUY'S UNDERGROUND INC.

Principal Place of Business Mailing Address
25335 PINSON DR PO BOX 366214
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135

2. Principal Place of Business 3. Mailing Address
2733 Fairbrook St 2733 Fairbrook St
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State North Port, FL City & State North Port, FL
Zip 34287 Country Sarasota Zip 34287 Country Sarasota

6. Name and Address of Current Registered Agent

JENKINS, DONALD F JR
25335 PINSON DR.
BONITA SPRINGS FL 34135

4. FEI Number 59-3698826 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name: Donald F. Jenkins
Street Address (P.O. Box Number is Not Acceptable)
2733 Fairbrook St
City: North Port FL Zip Code 34287

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]

(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 \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Donald F. Jenkins Jr
STREET ADDRESS: 2733 Fairbrook St
CITY-ST-ZIP: North Port, FL 34287

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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☐ Change ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/02 Daytime Phone: 941-429-2020

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90166 034 ***150.00

37190



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)