

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 09, 2002 8:00 am
Secretary of State

02-27-2002 90098 046 ***150.00

DOCUMENT # P01000024713

1. Entity Name

DIS,DAT, & D'OTHER PANTRY, INC.

Principal Place of Business

336 GOLFVIEW RD #618
N PALM BCH FL 33408

Mailing Address

336 GOLFVIEW RD #618
N PALM BCH FL 33408

2. Principal Place of Business

918 Park Ave.

3. Mailing Address

P.O. Box 32113

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lake Park, FLCity & State
Palm Beach Gardens, FL

4. FEI Number

65-1093492

Applied For

Not Applicable

Zip
33403

Country

Zip

33420

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

HUTTER, PAMELA
336 GOLFVIEW RD #618
N PALM BCH FL 33408

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUTTER, PAMELA
CITY-ST-ZIP 336 GOLFVIEW RD #618
N PALM BCH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS HUTTER, RUDOLF
CITY-ST-ZIP 336 GOLFVIEW RD #618
N PALM BCH FL 33408TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

PAMELA HUTTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-02

Date

Daytime Phone #

CR2E034 (9/01)