

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90636 004 ***150.00

0457972 AV

DOCUMENT # P01000031391

1. Entity Name

PONCHO, P.A.

Principal Place of Business

2435 SUMATRAN WAY - UNIT 47
 CLEARWATER FL 33763

Mailing Address

2435 SUMATRAN WAY - UNIT 47
 CLEARWATER FL 33763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2379 FINLANDIA LN

2379 FINLANDIA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

57

57

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33763 USA

33763 USA

4. FEI Number

593706220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREALISH, MARY J

2435 SUMATRAN WAY - UNIT 47
 CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

GREALISH, MARY J

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

2379 FINLANDIA LN #57

CLEARWATER, FL

33763

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 MARY J. GREALISH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-19-02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GREALISH, MARY J	
STREET ADDRESS	2435 SUMATRAN WAY - UNIT 47	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GREALISH, MARY J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREALISH, MARY J	
STREET ADDRESS	2379 FINLANDIA LN #57	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary J. Grealish
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 727-656-2847
 Date Daytime Phone #

CR2E034 (9/01)