

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068762

1. Entity Name  
OLDE TYME YBOR, INC.

Principal Place of Business  
1409 EAST 7TH AVE  
YBOR CITY FL 33605-3609

Mailing Address  
PO BOX 468  
VALRICO FL 33595-0468

2. Principal Place of Business  
1809 Laurel Oak DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
VALRICO, Florida

City & State

Zip 33594 Country USA

Zip

Country

4. FEI Number

59-3729514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KETCHAM, ALANA M  
241 FAITHWAY DRIVE  
SEFFNER FL 33584

## 7. Name and Address of New Registered Agent

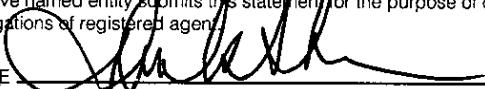
Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

ALANA M. Ketcham

DATE 7/10/02

NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

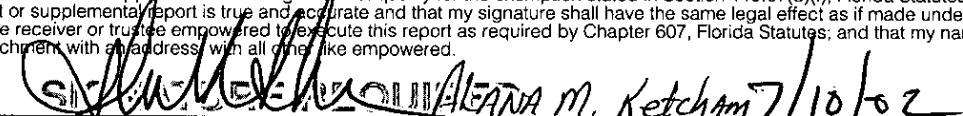
10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETCHAM, ALANA M 241 FAITHWAY DRIVE SEFFNER FL 33584	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAFFKO, ARTHUR G 1809 LAUREL OAK DRIVE VALRICO FL 33594	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-653-7250

Date

Daytime Phone #

Attachment  
DOC# P01000068762  
12/23/8

July 10, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document# P01000068762  
OLDE TYME YBOR, INC.

Enclosed, please find the 2002 Uniform Business Report and a check in the amount of \$150.00, representing the filing fee.

This UBR, just received, is the first information that we have received; therefore, we are requesting a waiver of the \$400.00 late fee.

Thank you for your consideration in this matter.

  
Arthur G. Pfaffko  
Olde Tyme Ybor, Inc.  
P.O. Box 468  
Valrico, FL 33595