

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90364 013 ***150.00

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.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VALRICO, Florida

City & State

4. FEI Number

59-3729514

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

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

**KETCHAM, ALANA M
241 FAITHWAY DRIVE
SEFFNER FL 33584**

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

7/16/02

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 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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAFFKO, ARTHUR G 1809 LAUREL OAK DRIVE VALRICO FL 33594	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ALANA M. Ketcham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/02 813-653-7250

CR2E034 (4/02)

Attachment

DOC# P01000068762
121238

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 wavier 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