

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90065 040 ***150.00

0508595 AV

DOCUMENT # P01000094019

1. Entity Name

P. J.'S SPOTS, INC.

Principal Place of Business

**1917 19 AVE W
 BRADENTON FL 34205**

Mailing Address

**1917 19 AVE W
 BRADENTON FL 34205**

2. Principal Place of Business

117 19 AVE W

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 11326

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON

4. FEI Number

65-114 7034

Applied For

Not Applicable

Zip

34205

Country

USA

Zip

34205-1326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M
 1917 19 AVE W
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

**HANKIN, LAWRENCE M.
 Street Address (P.O. Box Number is Not Acceptable)
 1820 RINGLING BLVD
 SARASOTA
 City FL Zip Code
 34236**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	PAULA A. CRIDER	
STREET ADDRESS	1917 19TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	V.P. SECY, TREASURER, DIR	<input type="checkbox"/> Delete
NAME	FRANK A. CRIDER	
STREET ADDRESS	1917 19TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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		<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		
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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:

FRANK A. CRIDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

(941) 957.0060

Daytime Phone #

CR2E034 (9/01)