

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Jun 03, 2002 8:00 am
Secretary of State

03-28-2002 90361 040 ***150.00

DOCUMENT # P01000101783

1. Entity Name

POP SIGN-UP, INC.

Principal Place of Business

4377 COMMERCIAL WAY, SUITE 101
SPRING HILL FL 34806

Mailing Address

4377 COMMERCIAL WAY, SUITE 101
SPRING HILL FL 34806

2. Principal Place of Business

17300 Nicasio Jay Ave

Suite, Apt. #, etc.

3. Mailing Address

17300 Nicasio Jay Ave

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34614

Country

Hernando

City & State

Brooksville FL

Zip

34614

Country

Hernando

4. FEI Number

59-3750011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER FL 33758

7. Name and Address of New Registered Agent

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

6195 Freepoint Drive

City Spring Hill

FL

Zip Code 34608

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

Edward H Freckey

Signature, typed or printed name of registered agent and file 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 NAME STREET ADDRESS CITY-ST-ZIP	President Debra Girit 3487 River Country Dr Spring Hill FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lex Harris 7048 Martinez Blvd Spring Hill FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Senken 7451 River Country Dr Spring Hill FL 34607	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

Lex D. Harris

4-19-2002

352-592-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lex D. Harris

CR2E034 (9/01)