## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000007627

1. Entity Name

PADDIWHACK, INC.



Country

City

Principal Place of Business 25 NE 1ST AVENUE HIGH SPRINGS FL 32643

Zip

LEAH, LYTLE

25 NE 1ST AVE

HIGH SPRINGS FL 32643

the obligations of registered agent.

Mailing Address 25 NE 1ST AVENUE

HIGH SPRINGS FL 32643

	•	
2. Principal Place of Business	3. Mailing Address	<del></del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	<del> </del>

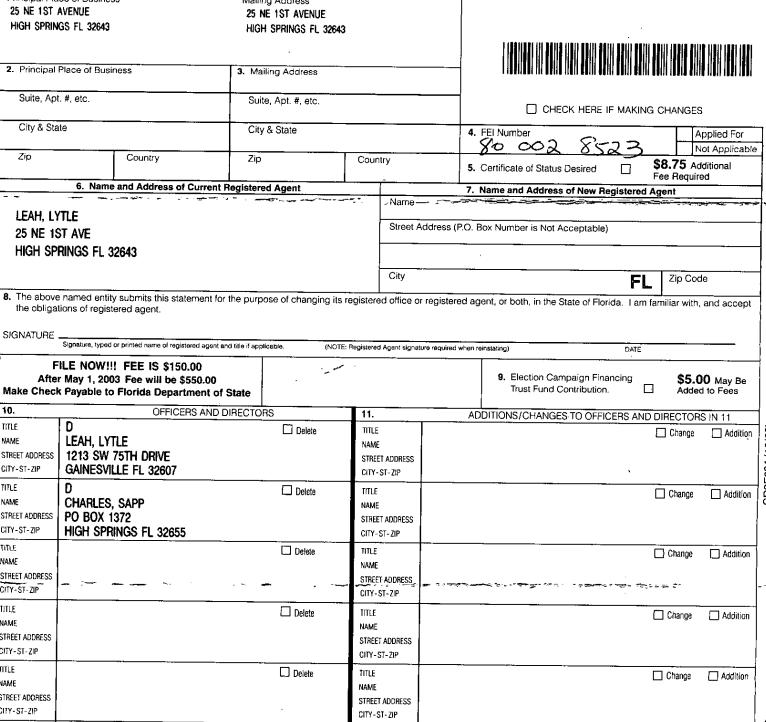
Zip

Country

6. Name and Address of Current Registered Agent

**FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90200 010 \*\*\*150.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE NAME LEAH, LYTLE NAME STREET ADDRESS 1213 SW 75TH DRIVE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32607** CITY-ST-ZIP TITLE ☐ Delete TITLE CHARLES, SAPP NAME STREET ADDRESS PO BOX 1372 STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL 32655 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachme

SIGNATURE: