

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-06-2003 90047 006 ***150.00

5/6

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

DOCUMENT # P02000064782

1. Entry Name
PIGS IN A BLANKET, INC.

Principal Place of Business
11097 63RD LANE NO.
WEST PALM BEACH, FL 33412

Mailing Address
11097 63RD LANE NO.
WEST PALM BEACH, FL 33412

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEE Number
441-2097812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADRIANCE, CATHERINE
11097 63RD LANE NO.
WEST PALM BEACH, FL 33412

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

Signature, typed or printed name of signatory and title (if applicable)

NOTE: Please attach Agent's Written Consent when submitting.

DATE

FILE MONTHLY FEE \$150.00
After May 1, 2003, it will be \$250.00
which will be payable to the Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADRIANCE, CATHERINE
STREET ADDRESS 11097 63RD LANE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 33412

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with authority empowered.

SIGNATURE:

Catherine Adriance

4/30/03

561/386-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FUNCTION

Date

Check Number

0033