

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005340

1. Entity Name  
PICKLES, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90124 003 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O CAROL A. MASSEY  
28050 WINTHOP CL.  
BONITA SPRING FL 34134  
US

C/O CAROL A. MASSEY  
28050 WINTHOP CL.  
BONITA SPRING FL 34134  
US

101190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13105 Vanderbilt Dr.  
Suite, Apt. #, etc.  
308

13105 Vanderbilt Dr.  
Suite, Apt. #, etc.  
308

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number 65-0383007

Applied For

Not Applicable

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

MASSEY, CAROL A  
28050 WINTHOP CL  
BONITA SPRINGS FL 34134

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME MASSEY, CAROL A  
STREET ADDRESS 28050 WINTHOP CL.  
CITY-ST-ZIP BONITA SPRING FL 34134 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME MASSEY, RONALD  
STREET ADDRESS 28050 WINTHOP CL.  
CITY-ST-ZIP BONITA SPRING FL 34134 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME JORDON, DONALD S  
STREET ADDRESS 271 21ST ST. N.W.  
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0628420