

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90017 043 ***550.00

DOCUMENT # P93000018073

1. Entity Name
MR. COOL'S PEPPER DIP, INC.

Principal Place of Business **121 MANISTEE AVE 137 HEATHER DR. PANAMA CITY BEACH FL 32413**
 Mailing Address **PMB 176 121 MANISTEE AVE 2433 THOMAS DR PANAMA CITY BEACH FL 32408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
137 HEATHER DR
 Suite, Apt. #, etc.

3. Mailing Address
PMB 176-2433 Thomas DR
 Suite, Apt. #, etc.

City & State
PANAMA CITY BEACH. PANAMA CITY BEACH.
 Zip Country
32413 BAY 32408 BAY

4. FEI Number **59-3169830**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TURNER, ANGELA R
121 MANISTEE AVE
PANAMA CITY BEACH FL 32413

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SAWYER, JAMES A	
STREET ADDRESS	121 MANISTEE AVE 137 HEATHER DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, WAREEN A	
STREET ADDRESS	121 MANISTEE AVE 137 HEATHER DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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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: **JAMES A SAWYER** 7-502 850 234 7580
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)