

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90135 032 ***150.00

DOCUMENT # P93000050810

1. Entity Name

CRAZY JOE'S, INC.

Principal Place of Business

4270 DOW RD
 SUITE 205
 MELBOURNE FL 32935
 US

Mailing Address

4270 DOW RD
 SUITE 205
 MELBOURNE FL 32934-9293
 US

2. Principal Place of Business

43 Westover Dr

3. Mailing Address

43 Westover Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne FL

City & State

West Melbourne FL

4. FEI Number

59-3198489

Applied For

Not Applicable

Zip

Country

32904

Zip

Country

32904

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

PALLANTE, STEVEN
4270 DOW ROAD
SUITE 205
MELBOURNE FL 32935

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, 2000 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 **VSTD** ☐ Delete
 NAME **PALLANTE, JOSEPH III**
 STREET ADDRESS **4270 DOW RD STE 205**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VSTD** ☐ Change ☐ Addition
 NAME **PALLANTE JOSEPH III**
 STREET ADDRESS **43 Westover Dr**
 CITY-ST-ZIP **West Melbourne FL 32904**

TITLE **DP** ☐ Delete
 NAME **PALLANTE, STEVEN M**
 STREET ADDRESS **4270 DOW RD STE 205**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **DP** ☐ Change ☐ Addition
 NAME **PALLANTE Steven**
 STREET ADDRESS **43 Westover Dr**
 CITY-ST-ZIP **West Melbourne FL 32904**

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
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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:

Steven Pallante
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00
 Date

957-7474
 Daytime Phone #

CR2E034 (9/99)