

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024278

1. Entity Name

PAPPY'S PATCH, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90076 046 ***150.00

Principal Place of Business

1650 DELEON ST
OVIEDO FL 32765
US

Mailing Address

1650 DELEON STREET
OVIEDO FL 32765-8985
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 621838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oviedo, Florida

4. FEI Number

59-3232798

Applied For

Not Applicable

Zip

Country

Zip

Country

32762

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

WHARTON, MARGARET A
456 SOUTH CENTRAL AVENUE
OVIEDO FL 32765

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 ☐ Delete
NAME P
STREET ADDRESS KIRBY, SCOTT W
CITY-ST-ZIP 602 WHIPPOORWILL LANE
OVIEDO FL 32765

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS KIRBY, SHARI W
CITY-ST-ZIP 602 WHIPPOORWILL LN
OVIEDO FL 32765

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 ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

407.365.1601

Daytime Phone #

CR2E034 (9/99)