

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000074700**

1. Entity Name

PINDER'S TRADING POST INC.

Principal Place of Business

Mailing Address

**867 Fellsmere Rd
SEB. FL. 32968**

**681 Biscayne Ln
SEB. FL 32968**

FILED

00 MAR 17 PM 12: 01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0543673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINDER DONALD E.
681 BISCAYNE LN.
SEBASTIAN, FL 32968**

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 **PSD**
NAME **DONALD E. PINDER**
STREET ADDRESS **681 BISCAYNE LN**
CITY-ST-ZIP **SEB. FL 32968**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**200003180772--8
03/22/00--01103-020
****150.00 ****150.00**

TITLE **VTD**
NAME **RUBY S. PINDER**
STREET ADDRESS **681 BISCAYNE LN**
CITY-ST-ZIP **SEB. FL 32968**

☐ Delete

TITLE
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**03/22/00-01103-020
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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: **DONALD PINDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

Daytime Phone #

3-18/00 589-6320

CR2E034 (9/99)