

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 030 ***150.00

DOCUMENT # P95000086124

1. Entity Name

PINE RIDGE IMPORTS, INC.

Principal Place of Business

**5340 JAGER ROAD
 NAPLES FL 34109
 US**

Mailing Address

**5340 JAGER ROAD
 NAPLES FL 34109
 US**

2. Principal Place of Business

3. Mailing Address

6060 12th Ave S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

Country

Zip

Country

34116

USA

4. FEI Number

65-0620725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CRACIUN, JOE
 5340 JAEGER RD
 ROYAL PALM MALL
 NAPLES FL 34109**

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.

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CRACIUN, JOSEPH T	5340 JAGER ROAD NAPLES FL 34109				
	D	CRACIUN, VESNA	5340 JAGER ROAD NAPLES FL 34109				

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 VESNA CRACIUN

4/20/02 239-450-8559

Date

Daytime Phone #

CR2E034 (9/01)