

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90141 009 ***150.00

DOCUMENT # P96000001901

1. Entity Name
P'S IN A POD, INC.



Principal Place of Business
**12010 WANDSWORTH DR
TAMPA FL 33626**

Mailing Address
**12010 WANDSWORTH
TAMPA FL 33626**



2. Principal Place of Business
3208 W Dewey ST
Suite, Apt. #, etc.

3. Mailing Address
3208 W. Dewey ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
TAMPA, FL

4. FEI Number
62-1727554

Applied For
Not Applicable

Zip
33607

Country
HILLSBOROUGH

Zip
33607

Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

**PEREZ, RICHARD S
12010 WANDSWORTH DR
TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name **PEREZ, BEVERLY P.**
Street Address (P.O. Box Number is Not Acceptable)
3208 W Dewey ST
City **TAMPA** FL Zip Code **33607**

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 **Beverly P. Perez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, RICHARD S 12010 WANDSWORTH DR TAMPA FL 33626 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, RICHARD C 12010 WANDSWORTH DR TAMPA FL 33626 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, KAREN A 12010 WANDSWORTH DR TAMPA FL 33626 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, BEVERLY P 7811 E 114TH AVE TEMPLE TERRACE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, DARREN J 7811 E 114TH AVE TEMPLE TERRACE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, RONALD C 7811 E 114TH AVE TEMPLE TERRACE FL | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Beverly P. Perez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/20/03** (813) DAYTIME PHONE # **877-6956**

CR2E034 (10/02)