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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 08, 2001 8:00 am DOCUMENT # P96000015941 **Secretary of State** 1. Entity Name PEPSI'S FRAMING, INC. 02-08-2001 90380 024 \*\*\*150.00 Principal Place of Business Mailing Address 382 HILLTOP COURT 382 HILLTOP COURT DELAND FL 32724 **DELAND FL 32724** 2. Principal Place of Business 3. Mailing Address 1/3 ROLLING SANDS DRIVE 113 ROLLENG SANDS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. EEI Number 59-3363631 RALM COAST RALM COAST FLOREDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired FLAGLER-FUGUE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOST, MELODY N Street Address (P.O. Box Number is Not Acceptable) 382 HILLTOP COURT DELAND FL 32724 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITLE ☐ Delete TITLE Change YOST, MELODY N NAME NAME SANDI DRIVE 113 ROLLING STREET ADDRESS STREET ADDRESS -382 HILLTOP COURT CITY-ST-7IP CITY-ST-7IP DELAND FL 32724 PALM COAST Delete TITLE TITLE YOST. DENNIS A NAME NAME 113 ROLLING SANDS DRIVE STREET ADDRESS STREET ADDRESS 382 HILLTOP CT-CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 PALM COAST, FL 32164 ☐ Change Delete -☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 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