

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90012 043 ***150.00

DOCUMENT # P96000017202

1. Entity Name
CRACKERS OF PINELLAS, INC.

Principal Place of Business

**524 LILLIAN DRIVE
 MADEIRA BEACH FL 33708**

Mailing Address

**524 LILLIAN DRIVE
 MADEIRA BEACH FL 33708**

2. Principal Place of Business

11076-65TH TERRACE NORTH
 Suite, Apt. #, etc.

3. Mailing Address

11076-65TH TERRACE NORTH
 Suite, Apt. #, etc.

City & State

SEMINOLE, FLORIDA

City & State

SEMINOLE, FLORIDA

4. FEI Number

59-3362870

Applied For

Not Applicable

Zip

33772

Country

PINELLAS

Zip

33772

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LYNCH, JOHN J
 524 LILLIAN DRIVE
 MADEIRA BEACH FL 33708**

Name

JOHN J. LYNCH

Street Address (P.O. Box Number is Not Acceptable)

11076-65TH TERRACE NORTH

City

SEMINOLE

FL

Zip Code

33772

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **LYNCH, JOHN J**
 STREET ADDRESS **524 LILLIAN DRIVE**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11076-65TH TERRACE NORTH**
 CITY-ST-ZIP **SEMINOLE, FLORIDA 33772**

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

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

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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:

John J. Lynch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

727-433-4150

Daytime Phone #

CR2E034 (9/01)