

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90081 023 ***150.00

DOCUMENT # P96000025790

1. Entity Name

PISTOL PETE'S GENERAL STORE AND FISH CAMP, INC.



Principal Place of Business

542374 US HWY 1
HILLIARD FL 32046
US

Mailing Address

29039 POPE DR
HILLIARD FL 32046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

555165 US Hwy 1

Suite, Apt. #, etc.

City & State

Hilliard FL

Zip

Country

32046

US

Zip

Country

4. FEI Number

59-3369231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POPE, WINIFRED T
RT. 4, BOX 8850
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

Pope, Winifred T.

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

29039 Pope DR.

City

Hilliard

FL

Zip Code

32046

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

Winifred T. Pope

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

4/18/03

DATE

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
POPE, WINIFRED T
29039 POPE DR
HILLIARD FL 32046

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Winifred T. Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (904) 845-1328

DATE Daytime Phone #

CR2E034 (10/02)