

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-10-2002 90666 035 ***150.00

DOCUMENT # P96000028572

1. Entity Name

PHANTOM OF CLEARWATER, INC.

DO NOT WRITE IN THIS SPACE

BQ064416

2. Principal Place of Business

2416 GULF-TO-BAY BLVD.

3. Mailing Address

555 MARTIN LUTHER KING JR. BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL.

City & State
YOUNGSTOWN, OH

4. FEI Number
59-3379226

Applied For
Not Applicable

Zip
34623

Country

Zip
44502

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FARAGE, NANCY G.

Street Address (P.O. Box Number is Not Acceptable)
707 N. FRANKLIN ST. 4TH FLOOR

TAMPA THEATRE BLDG.

City
TAMPA, FL.

FL Zip Code
33602

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P
ZOLDAN, BRUCE J
STREET ADDRESS
4490 DEVONSHIRE DR.
CITY - ST - ZIP
YOUNGSTOWN, OH 44512

TITLE
NAME
VD
ZOLDAN, ALAN L
STREET ADDRESS
6741 LOCKWOOD BLVD.
CITY - ST - ZIP
YOUNGSTOWN, OH 44512

TITLE
NAME
VPD
BOSTOCKY, JERRY
STREET ADDRESS
305 RUSSO DR.
CITY - ST - ZIP
CANFIELD, OH 44406

TITLE
NAME
T
FRANK, PETER S.
STREET ADDRESS
8518 SUMMERLAND TRAIL
CITY - ST - ZIP
POLAND, OH 44514

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Frank* PETER FRANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)