

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90019 027 ***150.00

0610028 AV

DOCUMENT # P96000052129

1. Entity Name

JUST LIKE FAMILY, INC.

Principal Place of Business

**3825 26TH ST W
 BRADENTON FL 34205
 US**

Mailing Address

**3825 26TH ST W
 BRADENTON FL 34205
 US**



2. Principal Place of Business

4705 26th St. W.

Suite, Apt. #, etc.

Suite A

City & State

Bradenton Fl.

Zip

34207

Country

US

3. Mailing Address

4705 26th St. W.

Suite, Apt. #, etc.

Suite A.

City & State

Bradenton Fl.

Zip

34207

Country

US.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0733970

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARLICK, PAUL
 3825 26TH ST WEST
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **Paul Garlick**

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

4705 26th St. W

Suite A.

City **Bradenton**

FL

Zip Code

34207

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

Paul Garlick - President

(NOTE: Registered Agent signature required when reinstating)

Feb 18 / 2002

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	D	<input type="checkbox"/> Delete
NAME	GARLICK, PAUL	
STREET ADDRESS	90 MICHIANA DR PO BOX 495	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARLICK, KATHRYN	
STREET ADDRESS	90 MICHIANA DR PO BOX 495	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18 / 02 941-751-2626

Date

Daytime Phone #

CR2E034 (9/01)