

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90012 022 ***150.00

DOCUMENT # P96000063177

1. Entity Name

PINEAPPLE BAY TRADING COMPANY, INC.

Principal Place of Business

512 S PINEAPPLE AVE
 SARASOTA FL 34236
 US

Mailing Address

15 PARADISE PLAZA
 #136
 SARASOTA FL 34239-6905
 US

2. Principal Place of Business

500 S. Pineapple Ave
 Suite, Apt. #, etc.
Sarasota FL 34236

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0696010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, D W
512 S PINEAPPLE AVE
SARASOTA FL 34326

Name

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

500 S. Pineapple Ave
Sarasota FL 34236

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MILES, D W**
 STREET ADDRESS **512 S PINEAPPLE AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Pineapple Ave**
 STREET ADDRESS **Sarasota FL 34236**
 CITY-ST-ZIP

TITLE **PVST** ☐ Delete
 NAME **MILES, D W**
 STREET ADDRESS **512 S PINEAPPLE AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Pineapple Ave**
 STREET ADDRESS **Sarasota FL 34236**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **NELSON, PHILIP D**
 STREET ADDRESS **512 S PINEAPPLE AVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Pineapple Ave**
 STREET ADDRESS **Sarasota FL 34236**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)