

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070520

1. Entity Name

PEPE'S MARKET, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90317 036 ***150.00

Principal Place of Business 1406 CLEVELAND ST CLEARWATER FL 33755 US	Mailing Address 1406 CLEVELAND ST CLEARWATER FL 33755-5201 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3414450	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MENDEZ, STEVEN J
 1406 CLEVELAND ST
 CLEARWATER FL 34615

7. Name and Address of New Registered Agent
 Name: PATRICK O'CONNOR
 Street Address (P.O. Box Number is Not Acceptable): 2240 BELLEAIR RD STE 160
 City: CLEARWATER FL Zip Code: 33764

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] (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/27/00

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	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, STEVEN		NAME	Joseph Mendez	
STREET ADDRESS	601 E ROSERY RD, APT 4002		STREET ADDRESS	808 College Hill Drive	
CITY-ST-ZIP	LARGO FL 73770		CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, SUSAN		NAME	Susan Mendez	
STREET ADDRESS	601 E ROSERY RD, 4002		STREET ADDRESS	808 College Hill Drive	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 4-28-00 725-582-0515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)