

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094286

1. Entity Name

PICKLES VENTURES, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90155 001 \*\*\*150.00

Principal Place of Business

Mailing Address

15011 N FLORIDA AVE  
TAMPA F 33613

4604 HIDDEN SHADOW DR  
TAMPA F 33614-1477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3414251

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

LANDOW, MICHAEL I  
4604 HIDDEN SHADOW DRIVE  
TAMPA FL 33614

Name

SMITTY SMITH

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

3802 EHRLICH ROAD, SUITE 210

City

TAMPA

FL

Zip Code  
33624

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	P	<input type="checkbox"/> Delete
NAME	LANDON, MICHAEL	
STREET ADDRESS	4604 HIDDEN SHADOW DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	BARROS, ELVIS	
STREET ADDRESS	4604 HIDDEN SHADOW DR	
CITY-ST-ZIP	TAMPA FL	
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	LANDOW, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDOW, MICHAEL	
STREET ADDRESS	4604 HIDDEN SHADOW DR	
CITY-ST-ZIP	TAMPA FL 33614	
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
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)