

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90126 043 ***150.00

DOCUMENT # P97000065034

1. Entity Name
PAPA JOHN RISENER'S 6" SEAMLESS GUTTERS, INC.



Principal Place of Business -
**427 MARCUM ROAD
LAKELAND FL 33809
US**

Mailing Address
**PO BOX 90243
LAKELAND FL 33804-0243
US**



2. Principal Place of Business

8430 Tomkow Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland FLA

City & State

4. FEI Number **59-3460417**

Applied For
Not Applicable

Zip
33809

Country
FLA

Zip

Country

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

**RISENER, DAVID P
427 MARCUM ROAD
LAKELAND FL 33809**

Name **David P Riserer**

Street Address (P.O. Box Number is Not Acceptable)
8430 Tomkow Rd

City **Lakeland**

FL

Zip Code
33809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISENER, DANNY M EMERALD RIDGE RD. LAKELAND FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISENER, CARMA L EMERALD RIDGE RD. LAKELAND FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David P Riserer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

863-858-1368

Daytime Phone #

CR2E034 (10/02)