

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092517

1. Entity Name

POTTERY IN THE PARK, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90225 044 ***150.00

Principal Place of Business

Mailing Address

2502 W. AZEELE ST.
TAMPA FL 33609

2502 W. AZEELE ST.
TAMPA FL 33609-3320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477222

Applied For

Not Applicable

Zip

Country

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

PAULSEN, ANDREA-B
410 EL PRADO BLVD
#4
TAMPA FL 33629

*LAST NAME →
change

Name

Andrea B. DeCaro

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

3724 San Pedro St

City

Tampa

FL

Zip Code

33629

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

Andrea B. Paulsen-DeCaro President 4/6/00

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	PAULSEN, ANDREA B	
STREET ADDRESS	410 EL PRADO BLVD-#4	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DECARO, JOHN L	
STREET ADDRESS	4704 EL PRADO	
CITY-ST-ZIP	TAMPA FL 33629	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeCaro, Andrea B.	
STREET ADDRESS	3724 San Pedro St.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Decaro, John L.	
STREET ADDRESS	3724 San Pedro St.	
CITY-ST-ZIP	Tampa, FL 33629	
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:

Andrea B. Paulsen-DeCaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 813-877-8238

Date

Daytime Phone #

CR2E034 (9/99)