

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023950

1. Entity Name
POOH BAH, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 038 ***550.00

Principal Place of Business
710 S.E. 1ST COURT
CRYSTAL RIVER FL 34429

Mailing Address
710 S.E. 1ST COURT
CRYSTAL RIVER FL 34429

2. Principal Place of Business
1023 SE Paradise Ave

3. Mailing Address
1023 SE Paradise Ave



DO NOT WRITE IN THIS SPACE

City & State
Crystal River Fl.

4. FEI Number **59-3498825**
Applied For ☐ Not Applicable ☐

Zip *34429* 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

KLEINKE, ELIZABETH L
710 S.E. 1ST COURT
CRYSTAL RIVER FL 34429

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	KLEINKE, ELIZABETH L	
STREET ADDRESS	710 S.E. 1ST COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	<i>Patricia D. Dugan</i>	<input type="checkbox"/> Delete
NAME	<i>Patricia D. Dugan</i>	
STREET ADDRESS	<i>1023 SE Paradise Ave</i>	
CITY-ST-ZIP	<i>Crystal River Fl 34429</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Patricia D. Dugan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2000

Daytime Phone #

CR2E034 (5/00)