

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036143

1. Entity Name
PUNDA PRODUCTS, INC.



Principal Place of Business
5020 14TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address
5020 14TH AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business
3059 GRANDVIEW Ave.
Suite, Apt. #, etc.

3. Mailing Address
3059 GRANDVIEW Ave.
Suite, Apt. #, etc.

City & State
CLEARWATER FLA
Zip 33759 Country Pinellas

City & State
CLEARWATER FLA
Zip 33759 Country Pinellas

4. FEI Number 59-3564270 Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PUNDA, SAMUEL J
5020 14TH AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent
Name PUNDA, PATRICIA G
Street Address (P.O. Box Number is Not Acceptable)
3059 GRANDVIEW Ave
CLEARWATER, FLA
City CLEARWATER, FLA. FL Zip Code 33759

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 Patricia G Punda
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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUNDA, SAMUEL J 5020 14TH AVENUE NORTH ST. PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUNDA, PATRICIA G 5020 14TH AVENUE NORTH ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUNDA, PATRICIA G 3059 GRANDVIEW Ave CLEARWATER FLA 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 G Punda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

(727) 526-7000
Daytime Phone #

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90020 007 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)