

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P98000047983

1. Entity Name

RICHARD & BRENDA PANCAKE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-20-2000 90045 050 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 583
CEDAR KEY FL 32625P.O. BOX 583
CEDAR KEY FL 32625-0131

2. Principal Place of Business

3. Mailing Address

~~P.O. BOX 431~~

P.O. BOX 131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1225 INGLESIDE PLACE

City & State
CEDAR KEY, FL 32625City & State
CEDAR KEY, FL 32625

Zip

Country

Zip

Country

32625

U.S.A.

32625

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANCAKE, BRENDA J
1225 INGLESIDE PLACE
CEDAR KEY FL 32625

Name

RICHARD K. PANCAKE

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

P.O. BOX 131

City

CEDAR KEY, FL

FL

Zip Code

32625

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

2/10/2000

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 State10. 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 checked="" type="checkbox"/> Delete
NAME	PANCAKE, BRENDA	
STREET ADDRESS	1225 INGLESIDE PLACE	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PANCAKE, RICHARD	
STREET ADDRESS	1225 INGLESIDE PLACE	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANCAKE, RICHARD K.	
STREET ADDRESS	P.O. BOX 131	
CITY-ST-ZIP	CEDAR KEY, FL 32625	

TITLE		<input type="checkbox"/> Delete
NAME	CORRECTION	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANCAKE, RICHARD K.	
STREET ADDRESS	1225 INGLESIDE PLACE	
CITY-ST-ZIP	CEDAR KEY, FL 32625	

TITLE		<input type="checkbox"/> Delete
NAME	I CHANGED FROM	
STREET ADDRESS	V.P. TO PRESIDENT,	
CITY-ST-ZIP	STREET	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	ADDRESS REMAINED	
STREET ADDRESS	SAME	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	MAILING ADDRESS	
STREET ADDRESS	CHANGED TO PB 131	
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)