

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90041 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000068364

1. Entity Name
PUMPKIN PRESERVER, INC.

Principal Place of Business
**P.O. BOX 260867
PEMBROKE PINES FL 33026**

Mailing Address
**P.O. BOX 260867
PEMBROKE PINES FL 33026**

2. Principal Place of Business
17224 82 RD N

3. Mailing Address
← SAME

Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL

City & State

Zip
33470

Country
FLA

Zip

Country

4. FEI Number **65-0863603**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROPPOCCIO, JODI D
3930 FERN FOREST RD
COPPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name
JODI D ROPPOCCIO

Street Address (P.O. Box Number is Not Acceptable)
17224 82 ROAD NORTH

City
LOXAHATCHEE

FL

Zip Code
33470

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 *JDR* **JODI ROPPOCCIO** 1/11/00
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROPPOCCIO, JODI D 3930 FERN FOREST RD COPPER CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17224 82ND RD N LOXAHATCHEE, FL 33470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROPPOCCIO, RONALD 3930 FERN FOREST RD COPPER CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17224 82ND RD N LOXAHATCHEE, FL 33470 ☒ Change ☐ Addition
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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: *JDR* **JODI ROPPOCCIO** 1/11/00 333-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)