

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000068472****1. Entity Name**
PETRIK MARKET, INC.**Principal Place of Business****1721 9TH ST W**
BRADENTON FL 34208**Mailing Address****1721 9TH ST W**
BRADENTON FL 34208**2. Principal Place of Business****1721 9TH ST W**

Suite, Apt. #, etc.

3. Mailing Address**1721 9TH ST W**

Suite, Apt. #, etc.

City & State**BRADENTON, FL****City & State****BRADENTON, FL****Zip****342 05****Country****U.S.A.****Zip****342 05****Country****U.S.A.****4. FEI Number** **65-0856183****Applied For****Not Applicable****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****PETRIKOVA, MARGITA**
5580 FAUNPAIN LAKE CIR APT 110
BRADENTON FL 34207**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**

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	D	<input type="checkbox"/> Delete
NAME	PETRIK, JULIUS	
STREET ADDRESS	1806 ROSLYN AVE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRIK, MARGITA	
STREET ADDRESS	1806 ROSLYN AVE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
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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

3-20-01

Date

(941)746-5835

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)