

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90030 014 ***150.00

DOCUMENT # P98000082444

1. Entity Name

PHANTOM OF KEY LARGO, INC.

Principal Place of Business

**10615 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

Mailing Address

**555 MARTIN LUTHER KING BLVD
YOUNGSTOWN OH 44502**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0873182**

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

Name

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

City

FL

Zip Code

**FARAGE, NANCY G
707 NORTH FRANKLIN STREET
4TH FLOOR
TAMPA FL 33602**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **ZOLDAN, BRUCE J**
CITY-ST-ZIP **4490 DEVONSHIRE DRIVE
YOUNGSTOWN OH 44512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **BOSTOCKY, JERRY**
CITY-ST-ZIP **305 RUSSO DR
CANFIELD OH 44406**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WEIMER, WILLIAM A**
CITY-ST-ZIP **2331. FIFTH AVE
YOUNGSTOWN OH 44504**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **555 Martin Luther King Jr. Blvd.**
CITY-ST-ZIP **Youngstown, OH 44502**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ZOLDAN, ALAN L**
CITY-ST-ZIP **6741 LOCKWOOD BLVD
YOUNGSTOWN OH 44512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **FRANK, PETER S**
CITY-ST-ZIP **8518 SUMMERLAND TRL
POLAND OH 44514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Peter Frank **PETER FRANK**

3/12/01

330-746-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)