

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90597 014 ***150.00

DOCUMENT # P98000089123

1. Entity Name

PETTY-KIRKLAND, INC.

Principal Place of Business

8201 S TAMiami TR
 SPACE 69
 SARASOTA FL 34238
 US

Mailing Address

8201 S TAMiami TR
 SPACE 69
 SARASOTA FL 34238
 US

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 65-0876765

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

WACHTER, ROBERT
 32 CADDY ROAD
 ROTONDA WEST FL 33947

Name JACK BARROWS

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

5209 FAR OAKS CIR

City SARASOTA

FL

Zip Code 34238

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

JACK BARROWS

Signature, typed or printed name of registered agent and title if applicable

JACK BARROWS

(NOTE: Registered Agent signature required when reinstating)

1/16/01
 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WACHTER, ROBERT	
STREET ADDRESS	32 CADDY ROAD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	O	<input type="checkbox"/> Delete
NAME	BARROWS, SALLY B	
STREET ADDRESS	5209 FAR OAK CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	<u>POES</u>	<input type="checkbox"/> Delete
NAME	<u>JACK BARROWS</u>	
STREET ADDRESS	<u>5209 FAR OAK CIR</u>	
CITY-ST-ZIP	<u>SARASOTA FL 34238</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

JACK BARROWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 941-244625
 Date Daytime Phone #

CR2E034 (10/00)