2000 UNIFORM BUSINESS REPORT (UBR)

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Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000089597** 1. Entity Name BECKY AND GRANDPA'S INC. 04-28-2000 90030 001 ***150.00 Principal Place of Business Mailing Address 12008 RACE TRACK ROAD 12008 RACE TRACK ROAD TAMPA FL 33626-3109 **TAMPA FL 33626** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3538517 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAIFF, REBECCA S Street Address (P.O. Box Number is Not Acceptable) 12008 RACE TRACK ROAD **TAMPA FL 33626** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Change ☐ Addition TITLE ☐ Delete TITLE SAIFF, REBECCA S NAME NAME STREET ADDRESS 12008 RACE TRACK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 ☐ Change ☐ Addition Delete TITLE TITLE PHILLIP, PERCY NAME NAME 19646 JEROME APT. 139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROEVILLE MI 48066** ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED