

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 027 ***550.00

A0072501

DO NOT WRITE IN THIS SPACE

DOCUMENT # P980001014461. Entity Name
HOT PASTA, INC.

Principal Place of Business

Mailing Address

3365 SE 31 ST
OCALA FL 344712427 SW 27 AVE
OCALA FL 34474-4407

2. Principal Place of Business

3. Mailing Address

900-10 DAWN AVE**3623 SE FT KING ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL**OCALA FL**

Zip

USA

Zip

34470

Country

USA

4. FEI Number

APPLIED FOR

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

CROWN, JOHN R JR
3365 SE 31 ST
OCALA FL 34471

Name

LAURA DAVIS

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

3623 SE FT KING ST

City

OCALA**FL**

Zip Code

34470

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D**
STREET ADDRESS **CROWN, JOHN R JR**
CITY-ST-ZIP **3365 SE 31 ST**
OCALA FL 34471TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3623 SE Fort King St**
CITY-ST-ZIP **OCALA FL 34470-1318**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN R CROWN JR PRESIDENT 2/14/00 352 804 9447

CR2E034 (9/99)