

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000020502**

1. Entity Name  
**Pops Produce & Barbecue**

FILED

00 APR 28 AM 10:23

Principal Place of Business Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**1444 Bahia Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1444 Bahia Dr**  
Suite, Apt. #, etc.

City & State  
**Tallahassee FL 32310**

City & State  
**Tallahassee FL 32310**

Zip  
**32310** Country  
**USA**

Zip  
**32310** Country  
**USA**

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Cleveland L. Dickens**  
**1444 Bahia Dr**  
**Tall FL 32310**

7. Name and Address of New Registered Agent  
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 **Cleveland L. Dickens** *[Signature]* **4/28/00**  
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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President A</b> <b>Shelia Murray Dickens</b> <b>1444 Bahia</b> <b>Tall FL 32310</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**400003229834--7**  
**-04/28/00--01116--001**  
**\*\*\*\*150.00 \*\*\*\*150.00**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **Cleveland L. Dickens** *[Signature]* **4/28/00** **488-9383**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)