

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/12

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-12-2000 90013 035 \*\*\*150.00

DOCUMENT # P99000026416

1. Entity Name  
PERMIT THIS, INC.

R

Principal Place of Business

234 BOUGAINVILLE DR.  
TAVERNIER FL 33070

Mailing Address

P.O. BOX 577  
TAVERNIER FL 33070-0577

2. Principal Place of Business

300 Atlantic Dr.  
Suite, Apt. #, etc.  
Key Largo, FL

3. Mailing Address

P.O. Box 3006  
Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL

Zip 33037

Country USA

Zip 33037

Country Monroe

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

7. Name and Address of New Registered Agent

PAGE, MARK

234 BOUGAINVILLE DR.  
TAVERNIER FL 33070

Name

CHRIS SANTE

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

300 Atlantic Drive

City

Key Largo

FL

Zip Code

33037

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

6-5-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	PAGE, MARK	
STREET ADDRESS	234 BOUGAINVILLE DR.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Sante	
STREET ADDRESS	300 Atlantic Dr.	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Chris Sante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 305-451-5880

Date

Daytime Phone #

CR2E034 (9/99)