

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90141 044 ***150.00

DOCUMENT # **F47176**

1. Entity Name
St. Petersburg Map & Blue Print Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o H. Todd Robbins Suite, Apt. #, etc. 2411 39th Ave No City & State St Petersburg FL Zip 33714 Country US		3. Mailing Address c/o H Todd Robbins Suite, Apt. #, etc. P.O. Box 425 City & State St Petersburg, FL Zip 33731-0425 Country US		4. FEI Number 59-2130546 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **H. Todd Robbins**

Street Address (P.O. Box Number is Not Acceptable)
2411 39th Avenue North

City **St Petersburg** FL Zip Code **33714**

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 **H. Todd Robbins** H. Todd Robbins DATE **4/24/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD	NAME Robbins, H. Todd	TITLE	
STREET ADDRESS 2411 39th Avenue No.	CITY-ST-ZIP St Petersburg, FL 33714	STREET ADDRESS	
TITLE VPD	NAME Robbins, HARRY Jr.	TITLE	
STREET ADDRESS 6443 36th Ave No.	CITY-ST-ZIP St Petersburg, FL	STREET ADDRESS	
TITLE ST	NAME Robbins, Donna K.	TITLE	
STREET ADDRESS 2411 39th Ave. No.	CITY-ST-ZIP St Petersburg, FL 33714	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: **H. Todd Robbins** H. Todd Robbins DATE **4/24/02** 727-822-3652

Signature and typed or printed name of signing officer or director Date Daytime Phone #