

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90152 034 ***550.00

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DOCUMENT # P98000102187

1. Entity Name

MEETING MANAGEMENT CONSULTANTS, INC.



Principal Place of Business
**2310 1/2 4TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**2310 1/2 4TH AVENUE NORTH
ST. PETERSBURG FL 33713**

2. Principal Place of Business

2523 44th St. So.

3. Mailing Address

PO Box 530981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL

City & State
ST. PETERSBURG, FL

4. FEI Number **59-3542852**

Applied For

Not Applicable

Zip
33711

Country
USA

Zip
33747-0981

Country
USA

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

6. Name and Address of Current Registered Agent

**BOGARD, STEVEN D
2310 4TH AVENUE NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **James L. Clark, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1902 So. MacDill Avenue
City **Tampa** State **FL** Zip Code **33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DIPIETRI, TRISH**
STREET ADDRESS **100B E. MICHIGAN ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VST** ☒ Delete
NAME **BOGARD, STEVEN D**
STREET ADDRESS **2310 4TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **DIPIETRI, TRISH**
STREET ADDRESS **1114 MT. ZION MARLBORO RD**
CITY-ST-ZIP **LOTHIAN, MD 20711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT

3-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)