

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718837

1. Entity Name

CONTINENTAL TOWERS, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 038 ****61.25

0062478

Principal Place of Business

675 S GULFVIEW BLVD
1
CLEARWATER BEACH FLA 33767
US

Mailing Address

RAMPART PROPERTIES
10033 9 ST N
ST PETERSBURG FL 33716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1484405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRIAN
C/O RAMPART PROPERTIES
10033 9TH ST N
ST. PETERSBURG FL 33716

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME GORDON, NOBLE
STREET ADDRESS 10033 9TH ST N 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

TITLE D
NAME BARBER, BARBARA
STREET ADDRESS 10033 9TH ST N 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

TITLE D
NAME PALLS, BYRON
STREET ADDRESS 10033 9TH ST N 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

TITLE S
NAME HILL, JERRY
STREET ADDRESS 10033 9TH ST N 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

TITLE D
NAME NASSIF, JANET
STREET ADDRESS 10033 9TH STREET N, 2ND FL
CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☐ Delete

TITLE T
NAME HENDERSON, NEVITA
STREET ADDRESS 10033 9TH ST N 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE T
NAME Miskel, Betty
STREET ADDRESS 10033 9th Street N., 2nd FL
CITY-ST-ZIP St. Petersburg, FL 33716 ☐ Change ☒ Addition

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)