

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90264 016 \*\*\*\*70.00

**DOCUMENT # N01000008356**

1. Entity Name

128 PLACE, INC.

Principal Place of Business

445 31ST ST. NORTH  
 ST. PETERSBURG FL 33713

Mailing Address

445 31ST ST. NORTH  
 ST. PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3117717

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY  
 445 31ST ST. NORTH  
 ST. PETERSBURG FL 33713

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 PD  
 NAME MISIEWICZ, PAUL V ☐ Delete  
 STREET ADDRESS 1601 CENTRAL AVE.  
 CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE VD  
 NAME BUSSEY, RUTLAND ☐ Delete  
 STREET ADDRESS 100 2ND AVE. SOUTH, STE. 800  
 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE STD  
 NAME POYNTER, SALLY ☐ Delete  
 STREET ADDRESS 100 BEACH DR. NE #1103  
 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D  
 NAME PITTS, BOB ☐ Delete  
 STREET ADDRESS 334 48TH AVE. NORTH, APT. 132  
 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE D  
 NAME WILLIAMS, ALTON M ☐ Delete  
 STREET ADDRESS 715 5TH AVE. NORTH  
 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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:

PAUL MISIEWICZ

Date

Daytime Phone #

CR2E007 (9/01)