

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008356

Entity Name: 128 PLACE, INC.**Current Principal Place of Business:**445 31ST ST. NORTH
ST. PETERSBURG, FL 33713**Current Mailing Address:**445 31ST ST. NORTH
ST. PETERSBURG, FL 33713**FEI Number:** 59-3717717**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MACMATH, GARY
445 31ST ST. NORTH
ST. PETERSBURG, FL 33713 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MISIEWICZ, PAUL
Address	445 31ST STREET N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	VPD
Name	BUSSEY, RUTLAND
Address	445 31ST STREET N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	ASST. SECRETARY
Name	HUMBURG, JACK
Address	445 31ST STREET N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	STD
Name	POYNTER, SALLY
Address	445 31ST ST NORTH
City-State-Zip:	SAINT PETERSBURG FL 33713

Title	DIRECTOR
Name	LOTT, MARTIN
Address	445 31ST STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33713

Title	DIRECTOR
Name	STRINGER, JOSEPH
Address	445 31ST ST. NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	DIRECTOR
Name	MITTERMAYR, MARKUS
Address	445 31ST ST. NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	DIRECTOR
Name	BOWMAN, WARREN
Address	445 31ST ST. NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL MISIEWICZ**PRESIDENT****01/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date