

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90074 036 ***150.00

DOCUMENT # 172665

1. Entity Name
733 FIFTH AVENUE NORTH INCORPORATED



Principal Place of Business
733 5TH AVENUE. N
ST. PETERSBURG FL 33701
US

Mailing Address
3744 2ND AVE N.
SAINT PETERSBURG FL 33713
US

2. Principal Place of Business
733 5th Avenue N.

3. Mailing Address
2019 16th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Pete FL

City & State
SAINT petersburg FL

Zip
33701

Country
US

Zip
33704

Country
US

4. FEI Number **65-0029856**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OLDMAN, JAMES R
3744 2ND AVE N.
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name
Chris Roerig Jr.
Street Address
2019 16th Street North
St Petersburg, FL 33704
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Chris Roerig Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/15/2003**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD HASKETT, GARY STEPHEN 735 5TH AVENUE NORTH # 12 SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASKETT, GARY STEPHEN 735 5TH AVENUE NORTH # 12 SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVENPORT, JEFFERY 733 5TH AVENUE NORTH # 2 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAULK, GARRY 733 5TH AVENUE NORTH # 6 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS ROERIG JR. 2019 16th Street North St Pete FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Robinson 733 5th Ave N #3 St Pete FL 33701	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: *Chris Roerig Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/15/2003** DAYTIME PHONE # **727 927 9434**

CR2E034 (10/02)