

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90689 007 \*\*\*150.00

0475511 AV

**DOCUMENT # 538508**

1. Entity Name  
**P. GRECO & SONS, INC.**



Principal Place of Business  
**6719 22ND ST N  
SAINT PETERSBURG FL 33702**

Mailing Address  
**6719 22ND ST N  
SAINT PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1772932**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTER JR., CLAVENCE E.  
414 TURNER ST  
CLEARWATER FL 34616**

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

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*signed in error AAC*  
**JAN 10, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>GRECO, AL</b>	
CITY-ST-ZIP	<b>6719 22ND ST N SAINT PETERSBURG FL 33702</b>	
TITLE NAME	<b>AS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>CENTER, CLARENCE E JR</b>	
CITY-ST-ZIP	<b>414 TURNER ST CLEARWATER FL</b>	
TITLE NAME	<b>V</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>GRECO, ALAN A</b>	
CITY-ST-ZIP	<b>6719 22ND ST N SAINT PETERSBURG FL 33702</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

*Albert A. Greco*

1-10-03 (327) 527-6046  
Date Daytime Phone #

CR2E034 (10/02)