

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90120 043 ***550.00

DOCUMENT # 639029

1. Entity Name
PARK SOUTH DEVELOPERS, INC.

Principal Place of Business: **1 BEACH DRIVE. S.E. #1603 ST. PETERSBURG FL 33701-0925**
 Mailing Address: **1 BEACH DRIVE. S.E. #1603 ST. PETERSBURG FL 33701-0925**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **c/o Michael McKee**
 Suite, Apt. #, etc.: **7500 5th Avenue, North**
 City & State: **St. Petersburg, FL**

3. Mailing Address: **c/o Michael McKee**
 Suite, Apt. #, etc.: **7500 5th Avenue, North**
 City & State: **St. Petersburg, FL**

4. FEI Number: **59-2039889**
 Applied For: Not Applicable

Zip: **33710** Country: **USA**

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

6. Name and Address of Current Registered Agent

MCKEE, MICHAEL L.
7500 6TH AVE N
ST. PETERSBURG FL 33710

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, C.W.	
STREET ADDRESS	1 BEACH DR, SE #1603	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEE, MICHAEL L.	
STREET ADDRESS	7500 5TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEE, MAUREEN D	
STREET ADDRESS	1 BEACH DR SE #1603	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKee, Michael L.	
STREET ADDRESS	7500 5th Avenue, North	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKee, Maureen D.	
STREET ADDRESS	1 Beach Drive, S.E.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Springer, Patricia M.	
STREET ADDRESS	1930 Dauphin Blvd., South	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Michael L. McKee** Date: **8/22/02** Daytime Phone #: **813 288-7529**

CR2E034 (4/02)