

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

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

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

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE: PD NAME: MCKEE, C.W. STREET ADDRESS: 1 BEACH DR, SE #1603 CITY-ST-ZIP: ST PETERSBURG, FL 00000 | <input checked="" type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: MCKEE, MICHAEL L. STREET ADDRESS: 7500 5TH AVE N CITY-ST-ZIP: ST PETERSBURG FL | <input type="checkbox"/> Delete | TITLE: PD NAME: McKee, Michael L. STREET ADDRESS: 7500 5th Avenue, North CITY-ST-ZIP: St. Petersburg, FL 33710 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: MCKEE, MAUREEN D STREET ADDRESS: 1 BEACH DR SE #1603 CITY-ST-ZIP: SAINT PETERSBURG FL 33701 | <input type="checkbox"/> Delete | TITLE: SD NAME: McKee, Maureen D. STREET ADDRESS: 1 Beach Drive, S.E. CITY-ST-ZIP: St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: D NAME: Springer, Patricia M. STREET ADDRESS: 1930 Dauphin Blvd., South CITY-ST-ZIP: St. Petersburg, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | 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"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 _____ Date: 8/22/02 Daytime Phone #: 813 288-7529

CR2E034 (4/02)