

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

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

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>MCKEE, C.W.</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>1 BEACH DR, SE #1603</b>	CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>MCKEE, MICHAEL L.</b>	TITLE: <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>McKee, Michael L.</b>
STREET ADDRESS: <b>7500 5TH AVE N</b>	CITY-ST-ZIP: <b>ST PETERSBURG FL</b>	STREET ADDRESS: <b>7500 5th Avenue, North</b>	CITY-ST-ZIP: <b>St. Petersburg, FL 33710</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>MCKEE, MAUREEN D</b>	TITLE: <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>McKee, Maureen D.</b>
STREET ADDRESS: <b>1 BEACH DR SE #1603</b>	CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33701</b>	STREET ADDRESS: <b>1 Beach Drive, S.E.</b>	CITY-ST-ZIP: <b>St. Petersburg, FL 33701</b>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Springer, Patricia M.</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: <b>1930 Dauphin Blvd., South</b>	CITY-ST-ZIP: <b>St. Petersburg, FL 33707</b>
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	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)