

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90029 042 ****61.25

DOCUMENT # 703345

1. Entity Name

COLUMBIA CORPORATION OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

5800 15 AVE S.
 GULF PORT FL 33707

P.O. BOX 12866
 ST. PETERSBURG FL 33733

2. Principal Place of Business

2340-64th ST. N.
 Suite, Apt. #, etc.
ST. PETERSBURG, FL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL 33710 PINELLAS

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6176801

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI, LEON L.
2340-64TH ST. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MIAMI, LEON L**
 STREET ADDRESS **2840 64TH STREET NO**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VP** ☐ Delete
 NAME **PAPE, ANTHONY**
 STREET ADDRESS **1695 56TH STREET NO**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **SD** ☐ Delete
 NAME **HUTCHINSON, SHELDON**
 STREET ADDRESS **4051 60TH WAY N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **D** ☐ Delete
 NAME **MILLER, SR. D**
 STREET ADDRESS **3128 59TH STREET S**
 CITY-ST-ZIP **GULFPORT FL**

TITLE **T** ☐ Delete
 NAME **SMITH, JOSEPH K.**
 STREET ADDRESS **2946 - 60TH STREET, N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 617, 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: *Leon L. Miami* LEON L. MIAMI 2/27/02 727-347-5227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)