

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 718837**

1. Entity Name

CONTINENTAL TOWERS, INC.

Principal Place of Business

**675 S GULFVIEW BLVD
1
CLEARWATER BEACH FLA 33767
US**

Mailing Address

**RAMPART PROPERTIES
10033 9 ST N
ST PETERSBURG FL 33716
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1484405

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, BRIAN
C/O RAMPART PROPERTIES
10033 9TH ST N
ST. PETERSBURG FL 33716**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	P			
	GORDON, NOBLE	10033 9TH ST N 2ND FL	ST PETERSBURG FL 33716	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	BARBER, BARBARA	10033 9TH ST N 2ND FL	ST PETERSBURG FL 33716	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	PALLS, BYRON	10033 9TH ST N 2ND FL	ST PETERSBURG FL 33716	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	S			
	HILL, JERRY	10033 9TH ST N 2ND FL	ST PETERSBURG FL 33716	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	NASSIF, JANET	10033 9TH STREET N, 2ND FL	SAINT PETERSBURG FL 33716	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	T			
	HENDERSON, NEVITA	10033 9TH ST N 2ND FL	ST PETERSBURG FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	T				
	Miskel, Betty	10033 9th Street N., 2nd FL	St. Petersburg, FL 33716		

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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)