

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90031 021 \*\*\*\*61.25

**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

675 S. GULFVIEW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER BEACH, FL

Zip

Country

Zip

Country

33767

PINELLAS

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  
 RESOURCE PROPERTY MANAGEMENT  
 Street Address (P.O. Box Number is Not Acceptable)  
 103 CLEVELAND AVE S.W.  
 City  
 Largo FL Zip Code  
 33770

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 DOROTHY THOMAS

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GORDON, NOBLE<br>10033 9TH ST N 2ND FL<br>ST PETERSBURG FL 33716         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARBER, BARBARA<br>10033 9TH ST N 2ND FL<br>ST PETERSBURG FL 33716       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PALLS, BYRON<br>10033 9TH ST N 2ND FL<br>ST PETERSBURG FL 33716          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HILL, JERRY<br>10033 9TH ST N 2ND FL<br>ST PETERSBURG FL 33716           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NASSIF, JANET<br>10033 9TH STREET N, 2ND FL<br>SAINT PETERSBURG FL 33716 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MISKEL, BETTY<br>10033 9TH ST N 2ND FL<br>ST PETERSBURG FL 33716         | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                     |                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DONALD C. McKEEROW<br>675 S. GULFVIEW BLVD #1102<br>CLEARWATER BEACH, FL 33767 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>CUSICK CROW<br>675 S. GULFVIEW BLVD #808<br>CLEARWATER BEACH, FL 33767.     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FRANK HOOVER<br>675 S. GULFVIEW BLVD #304<br>CLEARWATER BEACH, FL 33767.       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHN ROY<br>675 S. GULFVIEW BLVD #1001<br>CLEARWATER BEACH, FL 33767           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAURENT CIGARELLO<br>675 S GULFVIEW BLVD #302<br>CLEARWATER BEACH FL 33767     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>675 S. GULFVIEW BLVD #702<br>CLEARWATER BEACH, FL 33767.                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: DONALD C. McKEEROW  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)