

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90737 037 ****70.00

DOCUMENT # 742026

1. Entity Name
ST. PETERSBURG AQUATICS, INC.



Principal Place of Business
**901 N. SHORE DR. NE
SAINT PETERSBURG FL 33701**

Mailing Address
**PO BOX 510
ST PETERSBURG FL 33731-0510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-9824138**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NARDOZZI, PATRICIA
6346-27TH AVENUE NORTH
ST PETERSBURG FL 33710**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **NARDOZZI, PATRICIA**
STREET ADDRESS **6346-27TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **VP** ☐ Delete
NAME **KING, VERONICA**
STREET ADDRESS **7872 SUNDOWN DRIVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE **T** ☒ Delete
NAME **ROUISSE, JOHN**
STREET ADDRESS **6265-27TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☒ Change ☐ Addition
NAME *Cillian Mary J.*
STREET ADDRESS *430 44th AVE NE*
CITY-ST-ZIP *ST PETERSBURG, FL 33703*

TITLE **D** ☐ Delete
NAME **CHAMBERS, STEPHANIE**
STREET ADDRESS **356 BELLE AIR DRIVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE **D** ☐ Delete
NAME **NEWFIELD, GAIL**
STREET ADDRESS **4226 HOLLAND DRIVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

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

TITLE **D** ☐ Delete
NAME **ROMANO, RHONDA**
STREET ADDRESS **5313-18TH STREET NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

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: *Patricia Nardozzi* **REQUIRED**

2/26/03

2/26/03

CR2E037 (10/02)