

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90071 046 \*\*\*150.00

**DOCUMENT # F01000001640**

1. Entity Name

**PRACTAS INCORPORATED**

Principal Place of Business

**300 FIRST AVE., SOUTH  
 SUITE 300  
 ST. PETERSBURG FL 33701**

Mailing Address

**300 FIRST AVE., SOUTH  
 SUITE 300  
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

**4750 DOLPHIN CAY LN, #102**

3. Mailing Address

**4750 DOLPHIN CAY LN, #102**

Suite, Apt. #, etc.

**#102**

Suite, Apt. #, etc.

**#102**

City & State

**ST. PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL**

Zip

**33711**

Country

**FLORIDA**

Zip

**33711**

Country

**FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3697040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CRONIN, MICHAEL T ESQ.  
 911 CHESTNUT STREET  
 CLEARWATER FL 33756**

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

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

TITLE **CP** ☐ Delete  
 NAME **MCGOVERN, WILLIAM D**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete  
 NAME **MCCAULEY, H.LEE**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete  
 NAME **ELIOTT, JAMES**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **V** ☐ Delete  
 NAME **ALLEN, GARY**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **VST** ☒ Delete  
 NAME **JOHANNESSON, PAUL**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **V** ☐ Delete  
 NAME **WELSH, RICHARD J**  
 STREET ADDRESS **300 FIRST AVE., SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **4750 Dolphin Cay Lane, #102**  
 STREET ADDRESS **St Petersburg, FL**  
 CITY-ST-ZIP **33711**

TITLE ☒ Change ☐ Addition  
 NAME **same as above**  
 STREET ADDRESS **same as above**  
 CITY-ST-ZIP **same as above**

TITLE ☒ Change ☐ Addition  
 NAME **same as above**  
 STREET ADDRESS **same as above**  
 CITY-ST-ZIP **same as above**

TITLE ☒ Change ☐ Addition  
 NAME **same as above**  
 STREET ADDRESS **same as above**  
 CITY-ST-ZIP **same as above**

TITLE ☐ Change ☐ Addition  
 NAME **same as above**  
 STREET ADDRESS **same as above**  
 CITY-ST-ZIP **same as above**

TITLE ☒ Change ☐ Addition  
 NAME **same as above**  
 STREET ADDRESS **same as above**  
 CITY-ST-ZIP **same as above**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02**

**727-515-6183**

Date

Daytime Phone #

CR2E034 (9/01)