727-586-3541

2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Mar 05, 2002 8:00 am				
DOCUMENT # F21700							Secretary of State				
	ATE SECURITIES	S GROUP, IN	C .					2 90105 039			
259 INDIAN R	ce of Business NOCKS RD. N. UFFS FL 34640		Mailing Address 259 INDIAN ROCKS RD. N. BELLEAIR BLUFFS FL 34640								
2. Principal Place of Business 259 Indian Rocks Rd. N. 259 In Suite, Apt. #, etc. Suite, Apt				Indian Rocks Rd. N.			DO NOT WRITE IN THIS SPACE				
City & Star	r Bluffs, FL		City & State Belleair Bluffs, FL			4.	FEI Number 59-206719	5		plied For nt Applicable	
Zip 33770	Country 	<u> </u>	Zip 33770	70 Country USA			Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent						7.	Name and Address of New	Registered A	gent		
CLARK, JAMES M 259 INDIAN ROCKS RD N.					Street Address (P.O. Box Number is Not Acceptable)						
BELLEAIR BLUFFS FL 33770									1		
P. The above	named entity submits t	his statement for th	o purpose of changing its	rooistoro	City	torod o	cont or both in the State of I	FL	Zip Code	e 	
6. The acove	named entity submits t	nis statement for th	e purpose or changing its	s registere	ed office of regis	itered a	gent, or both, in the State of f	-iorida.		{	
SIGNATURE	Signature, typed or printed nam	e of registered agent and t	itle if applicable. (NOT	E: Registered	d Agent signature requ	ired 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!!! F After May 1, 2002 I Make Check Payable t					will be \$550.00		10. Election Campaign F Trust Fund Contribut	~ —		May Be to Fees	
11.		OFFICERS AND DIF		12.		Al	DDITIONS/CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JEROME H 1215 MORGAN TRA ELDORADO, IL 0000		☐ Delete	1	- 1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, JAMES M 259 INDIAN ROCKS BELLEAIR BLUFFS		☐ Delete					•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIRD, PAMELA S 259 INDIAN ROCKS BELLEAIR BLUFFS	RD N	☐ Defete		I .	1000	د <u>خيم</u> ود د همست کيستاني: ي د د . و د		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARK, TINA E 259 INDIAN ROCKS BELLEAIR BLUFFS		☐ Delete		l			-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	T ADDRESS ST-ZIP				☐ Change	Addition	
indicated of the cor	on this report or supple poration or the receiver	mental report is tru: or trustee empowei	e and accurate and that r	ny signati as requir	ure shall have th	e same	119.07(3)(i), Florida Statutes legal effect as if made unde ida Statutes; and that my nar	roath: that I an	n an officer (or director 1	

Tina E. Clark

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: