

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90116 042 \*\*\*550.00

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**DOCUMENT # F52541**

1. Entity Name

**CRAWFORD, GAUSE, KLOS, REYNOLDS & YEAGER, P.A.**



Principal Place of Business

**C/O DONALD D BLACK  
7300 FOURTH ST N  
ST PETERSBURG FL 33702  
US**

Mailing Address

**C/O DONALD D BLACK  
7300 FOURTH ST N  
ST PETERSBURG FL 33702  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2131788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, MICHAEL J  
7300 4TH STREET NORTH  
ST PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**PCMD  
BLACK, DONALD D  
1974 IOWA AVE NE  
ST PETERSBURG FL 33702**

TITLE NAME ☐ Delete  
**PD  
REYNOLDS, MICHAEL J  
6160 IRVING CIR N  
SEMINOLE FL**

TITLE NAME ☐ Delete  
**VD  
KLOS, JAREMA W  
2239 WILLOWBROOK DR  
CLEARWATER FL**

TITLE NAME ☐ Delete  
**VD  
CRAWFORD, THOMAS W  
4132 10TH STREET N.E.  
ST PETERSBURG FL**

TITLE NAME ☐ Delete  
**VD  
PHILIP, BARTALEZO  
12425 81ST PLACE #O  
SEMINOLE FL 33772**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 607, 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** *Michael J Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-03**

Date

Daytime Phone #

CR2E034 (4/03)