

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90210 005 ***150.00

DOCUMENT # F89328

1. Entity Name

PARK PLACE OF NEW PORT RICHEY, INC.



Principal Place of Business

**13777 BELCHER RD
LARGO FL 33771**

Mailing Address

**13777 BELCHER RD
STE 225
LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

13777 BELCHER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL.

Zip

Country

Zip

Country

33771

US

4. FEI Number **59-2257824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIAZZA, STEVEN A
13777 BELCHER RD
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

SOCKOL, DAVID J. Esq.

Street Address (P.O. Box Number is Not Acceptable)

111 SECOND AVENUE N.E.

PLAZA TOWER, SUITE 1401

City

ST. PETERSBURG

FL

Zip Code

33701

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]

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☒ Delete
NAME **PIAZZA, STEVEN A**
STREET ADDRESS **13777 BELCHER RD**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Change ☒ Addition
NAME **YOUNG, JOHN T.**
STREET ADDRESS **13777 BELCHER ROAD S.**
CITY-ST-ZIP **LARGO, FL. 33771**

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

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

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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Young

Date

Daytime Phone #

727-726-3310

CR2E034 (10/02)