

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90118 023 ***150.00

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DOCUMENT # H34822

1. Entity Name
PINEDA PLAZA, INC.



Principal Place of Business
**738 NASSAU ROAD
P. O. BOX 576
COCOA BCH. FL 32931**

Mailing Address
**738 NASSAU ROAD
P. O. BOX 576
COCOA BCH. FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2505136**

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

**VENABLE, JAMES
2955 PINEDA CAUSEWAY
SUITE 216
MELBOURNE FL 32940**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
**DP
VENABLE, JAMES
738 NASSAU RD.
COCOA BEACH FL**

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

TITLE NAME ☐ Delete
**DS
COLEMAN, JAMES
804 EAST HIBISCUS BLVD
MELBOURNE FL**

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

TITLE NAME ☐ Delete
**DV
SANDERLIN, EUGENE ALBERT
500 KATHY DRIVE
MERRITT ISLAND FL**

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

TITLE NAME ☐ Delete
**DT
PERSON, ARTHUR B.
1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL**

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

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James M. Venable Jr.

4-02-03 321-259-4444
Date Daytime Phone #

CR2E034 (10/02)