## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H46272** 1. Entity Name PELL FAMILY INVESTMENT CORPORATION Mailing Address Principal Place of Business % DONALD M. PELL % DONALD M. PELL 2112 16TH ST N 2112 16TH ST N ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

PELL, DONALD M.

ST. PETERSBURG FL 33704

9. This corporation is eligible to satisfy its Intangible

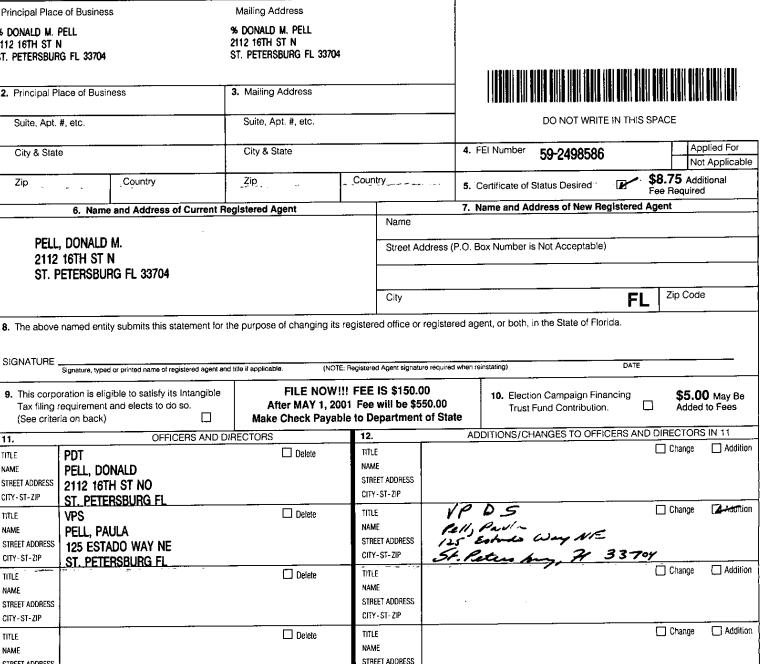
Tax filing requirement and elects to do so.

2112 16TH ST N

SIGNATURE

## FILED May 02, 2001 8:00 am Secretary of State

05-02-2001 90012 007 \*\*\*158.75



Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE PDT TITLE NAME NAME PELL, DONALD STREET ADDRESS STREET ADDRESS 2112 16TH ST NO CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete TITLE TITLE vps NAME NAME PELL, PAULA STREET ADDRESS STREET ADDRESS 125 ESTADO WAY NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 AND T

4.25:1001