

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90167 004 \*\*\*150.00

048321 AV

**DOCUMENT # J64589**

1. Entity Name

**PINELLAS MARCITE FINISHERS, INC.**



Principal Place of Business

**3513 ITHACA STREET N  
ST PETERSBURG FL 33713  
US**

Mailing Address

**2700 1ST AVE N  
ST PETERSBURG FL 33713-8724  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2775354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DENHARDT, JAMES W.  
2700 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713**

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 \$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	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>FORTENBERY, STEVEN M.</b>	
STREET ADDRESS	<b>3513 ITHACA ST NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>FORTENBERY, SUE</b>	
STREET ADDRESS	<b>3513 - ITHACA ST. N.</b>	
CITY-ST-ZIP	<b>ST. PETERBURG FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEITH, GARY</b>	
STREET ADDRESS	<b>5600 FIRST STREET NORTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33703</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FORTENBERY, MICHAEL</b>	
STREET ADDRESS	<b>4457 CRESTWOOD DR N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Sue Fortenbery*  
**SUE FORTENBERY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03**  
Date

**727-526-1596**  
Daytime Phone #

CR2E034 (10/02)