

**\* Amended \***  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 DEC -6 PM 1:37

DOCUMENT # **K56074**

1. Entity Name

**ACHPOB, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**880 6th Street South 880 6th St. South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 190**

**Suite 190**

City & State

City & State

**St Petersburg FL**

**St Petersburg FL**

FEI Number

**59-2924779**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33701 Pinellas**

**33701 Pinellas**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Gary A. Carnes**

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

**801 6th St. South**

City

**St. Petersburg**

FL

Zip Code

**33701**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE

**Gary A. Carnes** Same of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12/2/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **President/CEO**  
 NAME **Gary Carnes**  
 STREET ADDRESS **801 6th Street South**  
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **Treasurer**  
 NAME **Arnie Stenberg**  
 STREET ADDRESS **801 6th Street South**  
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **Secretary**  
 NAME **R. William Horton**  
 STREET ADDRESS **801 6th Street South**  
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE  
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**DO NOT WRITE IN THIS SPACE**

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 supplementary 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 on an attachment with an address, with a power like empowered.

SIGNATURE:

**Gary A. Carnes** SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/2/02**

Date

**727-892-4101**

Daytime Phone #

CR2E034B (12/01)