

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90133 028 ***150.00

DOCUMENT # K74011			
1. Entity Name ALTITUDE, INC.		Principal Place of Business 3800 CENTRAL AVE SAINT PETERSBURG FL 33711	
2. Principal Place of Business 3621 CENTRAL AVE Suite, Apt. #, etc.		3. Mailing Address 3621 CENTRAL AVE Suite, Apt. #, etc.	
City & State ST. PETERSBURG FL Zip 33713 Country PINELLAS		4. FEI Number 59-2965444 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 CULBERTSON, EDWARD T. 3800 CENTRAL AVE SAINT PETERSBURG FL 33711		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 3621 CENTRAL AVE City ST. PETERSBURG FL Zip Code 33713	
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 ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CULBERTSON, EDWARD T. 3800 CENTRAL AVE SAINT PETERSBURG FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3621 CENTRAL AVE ST. PETERSBURG, FL 33713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:		4/17/03 727.327.7526	

CR2E034 (10/02)