

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017752

1. Entity Name

ST. PETE PROPERTIES, LLC

Principal Place of Business

ONE BEACH DRIVE, S.E. #301-C
ST. PETERSBURG FL 33701

Mailing Address

ONE BEACH DRIVE, S.E. #301-C
ST. PETERSBURG FL 33701

2. Principal Place of Business

4773 - 58 Ave N

3. Mailing Address

146-2nd Street No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

Country

Zip

Country

4. FEI Number

59-3755307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMONE, STEPHEN CPA
6439 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8411

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Director
NAME JAMES C. BOULE
STREET ADDRESS 146-2nd Street No. Suite 310
CITY-ST-ZIP St. Petersburg FL 33701

☐ Delete

TITLE Director
NAME J KENNETH PARKER
STREET ADDRESS 146-2nd Street No. Suite 310
CITY-ST-ZIP St. Petersburg FL 33701

☐ Delete

TITLE
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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE James C. Boule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90226 041 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)