

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91002 032 \*\*\*\*\*50.00

DOCUMENT # L02000033592

1. Entity Name

ST. PETE COMMERCE CENTER, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2401 West Bay Dr

3. Mailing Address

2401 West Bay Dr

Suite, Apt. #, etc.

Suite 421

Suite, Apt. #, etc.

Suite 421

City & State

Largo FL

City & State

Largo FL

Zip

33770

Country

Pinellas

Zip

33770

Country

Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2087921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID E. PLATTE

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

603 Indian Rocks Rd

City

Belleair

FL

Zip Code

33756

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.

DAVID E. Platte

4/24/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CANDACE M. GOOD  
2401 West Bay Dr #421  
LARGO, FL 33770

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

NELSON  
FLINT

4/24/03

Date

727-581-2700

Daytime Phone #

CR2E083B (12/02)