## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # L37620** FLORIDA STATE TRADE SHOWS, INC. 01-18-2000 90034 046 \*\*\*150.00 Mailing Address Principal Place of Business P O BOX 22010 9500 KOGER BLVD ST PETERSBURG FL 33742-2010 SUITE 217 A0964355 ST PETERSBURG FL 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2974538 Not Applicable Zip ~ Country-\$8.75 Additional Country \_ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIGORI, NELSON Street Address (P.O. Box Number is Not Acceptable) 9500 KOGER BLVD 217 ST PETERSBURG FL 33702 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE SPICOLA, ANGELO C NAME NAME STREET ADDRESS 1014 66TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE STD ☐ Delete Change Addition LIGORI, NELSON I NAME NAME STREET ADDRESS STREET ADDRESS 9500 KOGER BLVD CITY-ST-ZIP -- -CITY-ST-ZIP ≈ % ST PETERSBURG FL 33702 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 uses empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if