2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L70223



FILED Mar 10, 2003 8:00 am Secretary of State

1. Entity Name CANERDAY, BELFSKY AND ARROYO, INC.						03-10-2003 90733 021 ***158.75		
800 SECONE SUITE 320	ace of Busines O AVENUE SOL BURG FL 33701	ITH	Mailing Address 800 SECOND AVENUE SOUTH SUITE 320 ST. PETERSBURG FL 33701					
2. Principal	Place of Busin	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. FEI Number 59-3017635 Applied For Not Applicable	
Zip	Zip Country		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CANERDAY, CHARLES S.					Name			
800 SECOND AVENUE SOUTH					Street Address (P.O. Box Number is Not Acceptable)			
SUITE 320 ST. PETERSBURG FL 33701					Cin			
8. The above named entity submits this statement for the purpose of showing its					City	F L. 210 000e		
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. (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 Trust Fund Contribution.	
10.	1	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MPX CANEDDAY	OUADI CO O	☐ Delete	TITLE		DPS		
NAME STREET ADDRESS	CANERDAY, CHARLES S. 800 SECOND AVEXNAMORY			NAME		CANERDAY CHARLES S		
CITY-ST-ZIP	STX PETERSBURG X k				ET ADDRESS - \$t-zip	800 Second Avenue South Ste. 320 St. Petersburg, FL 33701		
TITLE	DX.		⊠ Delete	TITLE	N	DV	☐ Change ☑ Addition	
NAME STREET ADDRESS	CANEBDAY			NAME Ric		Rick	hard Belfsky	
CITY-ST-ZIP	SJXREXERS	IX AVEXIKAGEK BBURG FIX		STREET ADDRESS 8		800	Second Ave. So., Ste. 320 Petersburg, FL 33701	
TITLE NAME	Delete -			- TITLE		DV Change V Addition		
STREET ADDRESS	I			NAME		Lear	ndro Arroyo	
CITY-ST-ZIP					T ADDRESS ST-ZIP	_800 _St.	Second Ave. So., Ste. 320 Petersburg, FL 33701	
TITLE	1		Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	:			NAME	1			
CITY-ST-ZIP			•		T ADDRESS ST-ZIP			
TITLE		 	☐ Delete	TITLE				
NAME			Dolotto	NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS			
TITLE					ST-ZIP			
NAME	5,		Delete	TITLE NAME		•	☐ Change ☐ Addition	
STREET ADDRESS			* **		T ADDRESS			
CITY-ST-ZIP	<u> </u>	+		City-s			***	

12. I hereby certify that the information supplied with this filling 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: ____

SIGNATURE OR PRINTED NAME OF SIGNING OFFICEA OR DIRECTOR President

<u>727-82</u>3-0675