## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N0000003899

Entity Name: JUNGLE PRADA NEIGHBORHOOD ASSOCIATION, INC.

FILED Sep 09, 2003 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

540 - 4TH STREET NORTH ST. PETERSBURG, FL 33701

**Current Mailing Address: New Mailing Address:** 

540 - 4TH STREET NORTH ST. PETERSBURG, FL 33701

FEI Number: 59-3655220 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BYRNE, JAMES A ESQ 540 - 4TH STREET NORTH ST. PETERSBURG, FL 33701

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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

() Delete

(X) Change ( ) Addition

BOZEMAN, SANDY TRAXLER, DIANE Name:

Name: 8022 STIMIE AVENUE Address: 1336 COUNTRY CLUB RD. N. Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710

Title: VD ( ) Delete Title: TD (X) Change ( ) Addition ALLEN, LEE Name: ALLEN, LEE Name:

Address: 8155 ELBOW LANE Address: 8155 ELBOW LANE

City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710

Title: () Delete Title: (X) Change ( ) Addition PETRUSCHKE, DOROTHUY PETRUSCHKE, DOROTHY Name: Name:

Address: 1420 JUNGLE AV N Address: 1420 JUNGLE AV N

City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: ST. PETERSBURG, FL 33710

Title: TD ( ) Delete Title: VD (X) Change ( ) Addition

Name: BYRNE, JAMES A Name: BYRNE, JAMES A 540 - 4TH STREET NORTH 540 - 4TH STREET NORTH Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ALLEN TD 09/09/2003