

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-05-2001 90816 047 ****61.25

DOCUMENT # N00000005684

1. Entity Name

ST. PETE TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

ONE PROGRESS PLAZA, 200 CENTRAL AVE #2300
 ST PETERSBURG FL 33701

ONE PROGRESS PLAZA, 200 CENTRAL AVE #2300
 ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3723390

Applied For

Not Applicable

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

**GILES, JOEL B ESQ
 CARLTON FIELDS
 200 CENTRAL AVENUE SUITE 2300
 ST PETERSBURG FL 33701**

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 reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Delete
 NAME: **GILES, JOEL B**
 STREET ADDRESS: **200 CENTRAL AVENUE SUITE 2300**
 CITY-ST-ZIP: **ST PETERSBURG FL 33701**

☐ Change ☐ Addition
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **MACDOUGALD, JAMES E**
 STREET ADDRESS: **260 FIRST AVENUE SOUTH SUITE 110**
 CITY-ST-ZIP: **ST PETERSBURG FL 33701**

☐ Change ☐ Addition
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **SLOAN, RUSS**
 STREET ADDRESS: **100 SECOND AVENUE NORTH SUITE 150**
 CITY-ST-ZIP: **ST PETERSBURG FL 33701**

☐ Change ☐ Addition
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12. 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 trustee empowered to execute this report as required by Chapter 617, 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 Required~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727/821-7000

Daytime Phone #

CR2037 (10/00)