

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90130 018 ****70.00

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1. Entity Name

128 PLACE, INC.



Principal Place of Business

**445 31ST ST. NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**445 31ST ST. NORTH
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3117717**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACMATH, GARY
445 31ST ST. NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISIEWICZ, PAUL V 1601 CENTRAL AVE. ST. PETERSBURG FL 33713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSSEY, RUTLAND 100 2ND AVE. SOUTH, STE. 800 ST. PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POYNTER, SALLY 100 BEACH DR. NE #1103 ST. PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, BOB 334 48TH AVE. NORTH, APT. 132 ST. PETERSBURG FL 33703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALTON M 715 5TH AVE. NORTH ST. PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

2/5/03

CR2E037 (10/02)