

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

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

05-01-2003 90243 007 ****61.25

DOCUMENT # NO2000007094

1. Entity Name

THE DOME INDUSTRIAL DISTRICT BUSINESS OWNERS ASSOCIATION, INC.



Principal Place of Business

**2167 5TH AVE. NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**2167 5TH AVE. NORTH
ST. PETERSBURG FL 33713**

55047676

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

30-0112387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNAUST, WARREN J ESQ.
2167 5TH AVE. NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **VERONICA KRISTENSEN**

Street Address (P.O. Box Number is Not Acceptable)

3060 5 AV. SOUTH

City **ST PETERSBURG**

FL

Zip Code **33712**

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

VERONICA KRISTENSEN

4/24/03

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

TITLE **PRES**
NAME **PETER DENNE**
STREET ADDRESS **525 22 ST. SO**
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE **SECTY - TREAS**
NAME **VERONICA KRISTENSEN**
STREET ADDRESS **3060 5 AV. SOUTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE **ELL-10-TT**
NAME **GIRAHAM JR**
STREET ADDRESS **2406 TERMINAL DR**
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE **JANA**
NAME **SAMUELS**
STREET ADDRESS **2519 6 AV SO**
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

VERONICA KRISTENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(727) 328-8004

Daytime Phone #

CR2E037 (10/02)