2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005721

DOCOMENT# 1100000000721

Entity Name: ST PETERSBURG USBC BAINC

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8668 PARK BLVD				8668 PARK BLVD			
I SEMINOLE	E, FL 33777	US		J SEMINOLE	, FL 33777	US	
Current Mailing Address:				New Mailing Address:			
8668 PARK BLVD				8668 PARK BLVD			
I SEMINOLE	E, FL 33777	US		J SEMINOLE	, FL 33777	US	
FEI Number:	20-4927556	FEI Number Applied For ()	FEI Numb	oer Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	ı	Name and	Address of N	lew Registered Agent:	
LARGO, FI The above in the State	QUAT AVE L 33777 US named entity s of Florida.	S submits this statement for the pu	urpose of	changing it	s registered o	ffice or registered agent, or bot	th,
SIGNATUF		ic Signature of Registered Ager	nt .			 Date	_
					0/01/41/050		 -
OFFICERS	S AND DIREC	IORS:	,	ADDITION	5/CHANGES	TO OFFICERS AND DIRECT	UKS
Title: Name: Address: City-St-Zip:	MGR () ZUBEN, WILLIA 8565 KUMQUA LARGO, FL 33	TAVE	1	Fitle: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	HIGDON, JAME 2695 70TH AVE		1 4	Fitle: Name: Address: City-St-Zip:	P (X) VANN, JERRY I 1033 WOODBF LARGO, FL 33	ROOK DR	
Title: Name: Address: City-St-Zip:	VP () PARESE, JAME 3090 MOCKING CLEARWATER	BBIRD CT	1 4	Fitle: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VAUISO, DON L 220 90TH AVE		1	Fitle: Name: Address: City-St-Zip:	BERRY, EDNA 3512 35TH ST		
Title: Name: Address: City-St-Zip:	VP () JONES, JAMES 13300 WALSIN LARGO, FL 33	GHAM RD #33	1	Fitle: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () ROSKO, DEAN 113 SUNBURS ^T CLEARWATER	ГСТ	1	Fitle: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM J ZUBEN MGR 03/04/2008