

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90009 047 \*\*\*\*70.00

**DOCUMENT # N12863**

1. Entity Name

**FLORIDA ANTIQUE POWER CLUB, INC.**

Principal Place of Business

Mailing Address

**DAN SWEET  
 630 KIRKWOOD TERRACE N  
 ST PETERSBURG FL 33701  
 US**

**DAN SWEET  
 630 KIRKWOOD TERRACE N  
 ST PETERSBURG FL 33701  
 US**

**837153**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2637240**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SWEET, DAN  
 630 KIRKWOOD TERRACE NORTH  
 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 ☐ Delete  
 NAME **V**  
 STREET ADDRESS **BENEDICT, BRIAN H**  
 CITY-ST-ZIP **4402- 78TH ST N.  
 SAINT PETERSBURG FL 33709**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CORUM, HAL J**  
 CITY-ST-ZIP **5636 101ST CIRCLE NORTH  
 PINELLAS PARK FL 34666**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **BOWEN, BONNIE L**  
 CITY-ST-ZIP **6145 CEDAR STREET, NE  
 ST. PETERSBURG FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BOWEN, MIKE**  
 CITY-ST-ZIP **6145 CEDAR STREET, NE  
 ST. PETERSBURG FL 33703**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SWEET, DAN**  
 CITY-ST-ZIP **630 KIRKWOOD TERRACE, NORTH  
 ST. PETERSBURG FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **VANDEN BERG, HERB B**  
 CITY-ST-ZIP **1409 SATSUMA ST  
 CLEARWATER FL 33759**

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

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:

*Daniel M. Sweet*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL M. SWEET**

**4-15-02 (727) 823-0296**

Date

Daytime Phone #

CR2E037 (9/01)