## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N37330**

1. Entity Name

## ST. PETERSBURG MUNICIPAL MARINA TENANTS, INC.

Principal Place of Business	Mailing Address	
300 SECOND AVE SE ST. PETERSBURG FL 33701 US	101 BAYSHORE DRIVE NE BOX #1 ST. PETERSBURG FL 33701 US	. ;
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## **FILED** Jul 08, 2002 8:00 am Secretary of State 07-08-2002 90226 039 \*\*\*\*61.25

2. Principal Place of Business		ST. PETERSBURG FL 33701 US			1 10 11 11 11 10 10 10 11	11811 1 <b>0108</b> 118 <b>00</b> 14118 <b>101</b> 8 <b>1</b> 1411	OJEKI CIDIK DIDAL DA	1)  <b>(10</b> 1)  1 <b>01</b>	
		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				]
Zip	Country	Zip Cou		y :		5. Certificate of Status Desired \$8.75 Additional Fee Required			4
	6. Name and Address of Current	Registered Agent		.	7. Name and Ad	dress of New Registers			╣
DADDOUG	DALII			Name Street Addres	s (P.O. Box Number is				1
BARBOUR, PAUL 101 BAYSHORE DRIVE NE				:		100° 6			$\frac{1}{2}$
	RSBURG FL 33701			City	, , <u>, , , , , , , , , , , , , , , , , </u>	-	L Zip Cod		1
8. The above the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered o	office or regis	tered agent, or both, in	the State of Florida. Ta	m familiar with,	and accept	
SIGNATURE					10				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Ag	ent signature requ	ired when reinstating)	DAT	E		-
After September 13, 2002, min. will be \$236.25.		9. Election Can Trust Fund C			\$5.00 May Be Added to Fees	to			
10.	OFFICERS AND DIE	RECTORS	11,	<u>.</u>	ADDITIONS/CHANG	BES TO OFFICERS AND	DIRECTORS IN	I 10	1
TITLE	PD	☐ Delete	TITLE				☐ Change	☐ Addition	Í
NAME	BARBUR, PAUL		NAME	'				<del></del>	1
STREET ADDRESS CITY-ST-ZIP	101 BAYSHORE DR NE #1 SAINT PETERSBURG FL 33701		STREET A			_			100
TITLE	VD .	☐ Delete	TITLE				☐ Change	Addition	5
NAME	CLARK, MICHAEL		NAME						
STREET ADDRESS - CITY-ST-ZIP	101 BAYSHORE SR:NE #3 SAINT PETERSBURG FL 33701		STREET AI CITY-ST-	11		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
TITLE	SD	☐ Delete	TITLE				Change	☐ Addition	l
NAME STREET ADDRESS	HAZELTINE, SHARISSA		NAME STREET AL	NODECC .					
CITY-ST-ZIP	300 2ND AVE SE #37 SAINT PETERSBURG FL 33701		CITY-ST-						
TITLE	TD	☐ Delete	TITLE	- '			☐ Change	☐ Addition	ł
NAME	JACK, DORSEY	□ outile	NAME				☐ Onlange	Addition	
STREET ADDRESS	101 BAYSHORE DR NE #5		STREET AL	OORESS i					ĺ
CITY-ST-ZIP	SAINT PETERSBURG FL 33701		CITY-ST-	ZIP					
TITLE	D	Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ARROSSO	FAYE, KAREW		NAME	'					
STREET ADDRESS  CITY-ST-ZIP	300 2ND AVE SE #5B-118		STREET AD						
	SAINT PETERSBURG FL 33701	F1	CITY-ST-	ZIF	N=				
Title Name		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET AC	IDRESS					
CITY-ST-ZIP			CITY-ST-						ı
									,

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 the empowered. PaulBarbow

SIGNATURE:

7275391077