2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46974

FILED May 06, 2003 Secretary of State

Entity Name: BEACH DRIVE AND DOWNTOWN BUSINESS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

NORBERT FETH COPLAN'S

200 BEACH DR. N.E 156 BEACH DRIVE NE ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

BD & BA 156 BEACH DRIVE NE

200 2ND AVE. SOUTH ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701

FEI Number: 59-3169066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FETH, NORBERT FISHER, SUZANNE 200 BÉACH DRIVE N.E. 156 BEÁCH DRIVE NE

ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33701 US

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: SUZANNE FISHER 05/06/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

FISHER, SUZANNE Name: Name: 156 BEACH DR N.E. Address: Address: City-St-Zip: ST PETERSBURG, FL 33701 City-St-Zip:

Title: () Delete Title: DV (X) Change () Addition

BRENNEMAN, NANCY Name: ROBERTSON, SUSAN Name: Address: 224 BEACH DR N.E. Address: 800 SECOND AVE NE City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete Title: SD (X) Change () Addition

ARMSTRONG, MARILYN HUTCHINGS, PATTY Name: Name: 556 BEACH DR N.E. Address: Address: 175 5TH ST. N

City-St-Zip: ST PETERSBURG, FL 33701 City-St-Zip: ST PETERSBURG, FL 33733

Title: TD () Delete Title: TD (X) Change () Addition

Name: FETH, NORBERT Name: LYNN, STODGELL Address: 200 BEACH DR. N.E. Address: 100 SECOND AVE N City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN STODGELL TD 05/06/2003