

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003437

1. Entity Name

PAINT ST. PETE PROUD, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90079 027 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business CITY OF ST PETERSBURG ONE FOURTH STREET NORTH ST PETERSBURG FL 33701 US	Mailing Address CITY OF ST PETERSBURG ONE FOURTH STREET NORTH ST PETERSBURG FL 33701-3804 US
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2. Principal Place of Business City of St. Petersburg Suite, Apt. #, etc.	3. Mailing Address 440 Second Avenue North Suite, Apt. #, etc.
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City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701	Country US

4. FEI Number 59-3194187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILBERT, LYNN CITY OF ST PETERSBURG ONE FOURTH STREET NORTH ST PETERSBURG FL 33701
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 440 Second Avenue North City St. Petersburg FL Zip Code 33701

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 <i>Lynn Gilbert</i> Signature typed or printed name of registered agent and title if applicable	Lynn Gilbert (NOTE: Registered Agent signature required when reinstating)	1/27/2000 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZMAN, ROBIN 15351 ROOSEVELT BOULEVARD CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kurtzman, Robin 8218 Riverboat Drive Tampa, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, DONNA 780 CARILLON PKWY ST PETE FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samantha Chechele 5625 Central Avenue St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GILBERT, LYNN ONE FOURTH STREET NORTH ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, H. WILLIAM UNIV OF SOUTH FL, 140 7TH AVE S BAY 214 ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley Bell Allstate Insurance Company 740 Carillon Parkway, Ste. 140 St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Lynn Gilbert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/24/00 Date	(727) 892-5452 Daytime Phone #
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CR2E037 (9/99)