

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90133 023 \*\*\*\*70.00

**DOCUMENT # N94000002615**

1. Entity Name

**ST. PETERSBURG EMPLOYMENT AND ECONOMIC DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

1ST AVE NORTH  
 ST PETERSBURG FL 33701  
 US

P.O. BOX 11812  
 ST PETERSBURG FL 33733  
 US

2. Principal Place of Business

535 - 22nd St. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip  
 33712

Country  
 U.S.A

Zip

Country

4. FEI Number

59-3245405

Applied For

Not Applicable

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

CUTLIFF, YATE K  
 301 42ND ST N  
 ST PETERSBURG FL 33713

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 CUTLIFF, YATE K  
 2220 19TH AVE. S  
 ST PETERSBURG FL 33712 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 WILLIAMS, M. NAILAH  
 516 28TH AVE. S.  
 ST PETERSBURG FL 33712 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 ALI, ABDUL K  
 4005 CORTEZ WAY SOUTH  
 ST PETERSBURG FL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DT  
 CUTLIFF, JOIE M  
 2220 19TH AVE. S.  
 ST. PETERSBURG FL 33712 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 DAVIS, SHIRLEY  
 6901 21ST STREET SOUTH  
 SAINT PETERSBURG FL 33712 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 DASILVA, RAUL  
 267 SNELL ISLAND BLVD  
 ST PETERSBURG FL 33704 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Director Vice-President ☒ Change ☐ 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:

*Yate K. Cutliff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002  
 Date

(727)  
 827-3671  
 Daytime Phone #

CR2E037(9/01)