

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90138 005 ****61.25

DOCUMENT # N94000003840

1. Entity Name

4TH STREET BUSINESS ASSOCIATION, INC.



Principal Place of Business

**3401 4TH ST N
ST PETERSBURG FL 33704
US**

Mailing Address

**3401 4TH ST N
ST PETERSBURG FL 33704
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3263211**

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

**LOMAGNA, VIRGINIA
3401 4TH ST N
ST PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Virginia Lomagna

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **LOMAGNO, VIRGINIA**
STREET ADDRESS **3401 4TH ST N**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **DV** ☒ Delete
NAME **ANDERSON, DAVE**
STREET ADDRESS **1631 4 ST N**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **DTO** ☒ Delete
NAME **FIX, LEN**
STREET ADDRESS **8601 4TH STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE **TREASURER** ☐ Delete
NAME **WILLIAM, STONARD**
STREET ADDRESS **6521 4TH ST N**
CITY-ST-ZIP **ST. PETERS, FL 33702**

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

TITLE **Secretary** ☐ Delete
NAME **WILLIAM G KING JR**
STREET ADDRESS **204 37th AVEN #334**
CITY-ST-ZIP **ST PETERSBURG FL 33704**

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

TITLE **DU** ☐ Delete
NAME **Dean Landsman**
STREET ADDRESS **2101 4th St N**
CITY-ST-ZIP **St Petersburg, FL 33704**

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: *WILLIAM STONARD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STONARD

4-15-03

721-525-3800

CR2E037 (10/02)