

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93599 033 \*\*\*\*61.25  
 09-19-2002 90159 007 \*\*\*\*61.25

**DOCUMENT # N96000001344**

1. Entity Name

**BRIDGES OF AMERICA - THE PINELLAS BRIDGE, INC.**

Principal Place of Business

2055 MERCY DR  
 ORLANDO FL 32808-5629

Mailing Address

2055 MERCY DR  
 ORLANDO FL 32808-5629

2. Principal Place of Business

1735 MLK Jr. S. St.

3. Mailing Address

2011 Mercy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

Orlando FL

4. FEI Number

59-3366721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK  
 2055 MERCY DR  
 ORLANDO FL 32808-5629

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, FRANK	
STREET ADDRESS	5519 BAY SIDE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURTRY, GRADY	
STREET ADDRESS	4698 HALL RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DON	
STREET ADDRESS	6325 WHIP-O-WILL LANE	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	POITRAS, EDWARD W	
STREET ADDRESS	27 LAKE HAMILTON BEACH	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, BEN	
STREET ADDRESS	P.O. BOX 279	
CITY-ST-ZIP	BRYSON CITY NC 28713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Frank Costantino*  
 FRANK COSTANTINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)