

DOCUMENT # N97000004250

1. Entity Name

YOUR PLACE, INCORPORATED

Principal Place of Business

750- 22ND AVE S  
SAINT PETERSBURG FL 33705  
US

Mailing Address

2920 TWENTY-SIXTH AVENUE S  
ST PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

750 - 22ND AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33705

U.S.A.

4. FEI Number

59-3513407

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

PIERCE, CANON G  
4710 HURON RD  
MADIERA BCH FL 33708

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  
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PIERCE, GEORGE  
4710 HURON RD  
MADIERA BEACH FL 33708 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
CRAWFORD, HAYDEN G  
2920 - 26TH AVE S  
ST PETERSBURG FL 33712 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HUDSON, HAZEL M  
5997 30TH AVE N  
ST PETERSBURG FL 33710 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
DUCKETT, GREGORY  
1500 ALHAMBRA WAY S  
SAINT PETERSBURG FL 33705 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

HAZEL M. HUDSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/2000 (727) 893-1572

Date

Daytime Phone #

FILED  
Sep 11, 2000 8:00 am  
Secretary of State

09-11-2000 90074 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)