

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90068 050 \*\*\*150.00

0650875 SP

**DOCUMENT # P00000027118**  
**1. Entity Name**  
**STATEWIDE FINANCIAL SERVICES OF TAMPA BAY, INC.**

**Principal Place of Business** **Mailing Address**  
~~2500 US HWY 19 N. SUITE 180~~ 179 **2500 US HWY 19 N. SUITE 180** 179  
**CLEARWATER FL 33763** **CLEARWATER FL 33763**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3. Mailing Address**  
**25400 US 19 N.** **25400 US 19 N**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**SUITE 179** **SUITE 179**  
**City & State** **City & State**  
**CLEARWATER FL** **CLEARWATER, FL**  
**Zip** **Country** **Zip** **Country**  
**33763** **Pine/As** **33763** **Pine/As**

**4. FEI Number** **59-3631424** **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**  
**MCMULLEN, ERNEST** **Name** **Timothy NIK Granger**  
**2661 58TH TERRACE SOUTH** **Street Address (P.O. Box Number is Not Acceptable)**  
**SAINT PETERSBURG FL 33712** **1830 SKYLAND DR.**  
**City** **CLEARWATER** **FL** **Zip Code** **33759**

**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** **1-9-02**  
**Signature, typed or printed name of registered agent and title, if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**  
**(See criteria on back)** **After May 1, 2002 Fee will be \$550.00** **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>GREGORY, EVRIS</b> <b>2752 CYPRESS DR</b> <b>CLEARWATER FL 33763</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>GREGORY, LISA</b> <b>2500 US HWY 19 N, SUITE 180 179</b> <b>CLEARWATER FL 33763</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>MCMULLEN, ERNEST</b> <b>2661-58TH TERRACE SOUTH</b> <b>SAINT PETERSBURG FL 33712</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>Timothy NIK Granger</b> <b>1830 SKYLAND DR.</b> <b>CLEARWATER, FL 33759</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **1/9/02** **727-669-7767**  
**Signature and typed or printed name of signing officer or director** **Date** **Daytime Phone #**

CR2E034 (9/01)