

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 032 ***158.75

DOCUMENT # P00000032415

1. Entity Name

ST. PETE DANNUS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 1ST AVE NORTH

Suite, Apt. #, etc.

3. Mailing Address

220 1ST AVE N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

4. FEI Number

59-3638739

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOHN CLAUDE BODZIAK

Street Address (P.O. Box Number is Not Acceptable)

215 NINA ST. NE

City ST. PETERSBURG FL

Zip 33704

**DO NOT WRITE
IN THIS SPACE**

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 in printed name of registered agent and title if applicable.

JOHN C. BODZIAK

(NOTE: Registered Agent signature required when reinstating)

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME JOHN CLAUDE BODZIAK
STREET ADDRESS 215 NINA ST. NE
CITY - ST - ZIP ST. PETERSBURG, FL 33704

TITLE VP
NAME ANTHONY AMICO
STREET ADDRESS 16805 US 19 NORTH
CITY - ST - ZIP CLEARWATER 33764

TITLE S
NAME JAMES KELLEY
STREET ADDRESS 4940 DEWEY ROSE CT.
CITY - ST - ZIP TAMPA, FL 33624

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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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. BODZIAK, PRES

Date

04/30/02

Daytime Phone #

727-896-2276

CR2E034B (12/01)