

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90471 048 ***150.00

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1. Entity Name
SURVEILASITE.COM, INC.



Principal Place of Business
5817 PIERCE DR., NE
ST. PETERSBURG FL 33703

Mailing Address
5817 PIERCE DR., NE
ST. PETERSBURG FL 33703

8501 Riverside Dr NE *8501 Riverside Dr NE*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg FL

City & State
St. Petersburg FL

4. FEI Number **56-3083295**

Applied For
Not Applicable

Zip *33702* Country *Finland*

Zip *33702* Country *Finland*

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

NIX, JOSEPH E
5817 PIERCE DR., NE
ST. PETERSBURG FL 33703

Name
Street Address (P.O. Box Number is Not Acceptable)
8501 Riverside Dr NE

City *St. Petersburg* FL Zip Code *33702*

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]* *President*

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD.
NIX, JOSEPH E
5817 PIERCE DR., NE
ST. PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8501 Riverside Dr NE
St. Petersburg, FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: *SIGNATURE* *President*

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)