

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

05-27-2002 90445 007 \*\*\*150.00

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

DOCUMENT # P000000276409

1. Entity Name

Pig Boy Leather LNC ✓

93685

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2429 CENTRAL AVE

3. Mailing Address

SAME

Suite, Apt., etc.

Suite, Apt., etc.

City &amp; State

City &amp; State

ST. PETERSBURG FL

ST. PETERSBURG FL

Zip

Zip

Country

4. FEI Number

59-3674674

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name DAVID W HASIBA

Street Address (P.O. Box Number is Not Acceptable)  
2429 CENTRAL AVE

City ST. PETERSBURG FL

Zip Code 33713

**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

David W Hasiba

4/30/02

Signature, typed or printed name of registered agent and used 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.  
(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. PRES. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPGARY H WALKER  
2429 CENTRAL AVE  
ST. PETERSBURG, FL 33713TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDAVID HASIBA  
2429 CENTRAL AVE  
ST. PETERSBURG, FL 33713TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST. PETERSBURG, FL 33713

TITLE  
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CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Gary H Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/02 (727)327-7450

Daytime Phone #

CR2E0348 (12/01)