

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 024 ***158.75

DOCUMENT # *P0000005634*

1. Entity Name



WILLIAM CUBIDES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
118th 52nd Avenue West

3. Mailing Address
P.O.Box 46587

Suite, Apt. #, etc.
Rear Apart.

Suite, Apt. #, etc.

City & State
St. Pete Beach, FL.

City & State
St. Petersburg, FL. 33741

4. FEI Number
59-3677956

Applied For
Not Applicable

Zip
33706

Country

Zip
33741

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

94063027

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CUBIDES, WILLIAM D.

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

118th 52nd Avenue West, (Rear Apt.)

City
ST. PETE BEACH FL Zip Code 33706

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]* April 21st, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CUBIDES, WILLIAM D.
118th 52nd AVENUE west (Rear)
ST. PETE BEACH, FL. 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Signature]* April 21st, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)