

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0010063 AT

**DOCUMENT # P00000103740**

1. Entity Name

LA PERLA DEVELOPMENT GROUP, INC.



Principal Place of Business  
6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709

Mailing Address  
6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709



2. Principal Place of Business

8098 91st Terrace North P.O. Box 10007

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Largo FL

4. FEI Number

31-1760388

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN W  
6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name: Reed John W  
Street Address (P.O. Box Number is Not Acceptable)  
8098 91st Terrace North  
St Petersburg FL 33773

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: John W Reed

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

TITLE: P  
NAME: REED, JOHN W  
STREET ADDRESS: 9000-94TH AVE. N.  
CITY-ST-ZIP: SEMINOLE FL 33777

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: Reed John W  
STREET ADDRESS: 8098 91st Terrace North  
CITY-ST-ZIP: St. Petersburg, FL 33773

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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: John W Reed

4/30/03 727.541-7472

Date

Daytime Phone #

CR2E034 (10/02)