

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91785 033 ***150.00

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DOCUMENT # P00000108626

1. Entity Name

POTTER BUSINESS ENTERPRISES, INC.



Principal Place of Business

**5803 LONG BAYOU WAY SOUTH
ST. PETERSBURG FL 33708**

Mailing Address

**5803 LONG BAYOU WAY SOUTH
ST. PETERSBURG FL 33708**

2. Principal Place of Business

11200 5th Street East

Suite, Apt. #, etc.

3. Mailing Address

11200 5th Street East

Suite, Apt. #, etc.

City & State

Treasure Island, Florida

City & State

Treasure Island, Florida

Zip

33706

Country

U.S.A.

Zip

33706

Country

U.S.A.

4. FEI Number

59-3652164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11041648



6. Name and Address of Current Registered Agent

**MIZIO, ARMANDO F
25400 U.S. 19 NORTH
SUITE 210
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE **PSTD** ☐ Delete
NAME **POTTER, GREGORY**
STREET ADDRESS **5803 LONG BAYOU WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11200 5th Street East**
CITY-ST-ZIP **Treasure Island, Florida 33706**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Potter - President 01/27/2003(727) 398-7143

Date

Daytime Phone #

CR2E034 (10/02)