FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P00000113681

1. Entity Name

Sep 19, 2002 8:00 am Secretary of State 09-19-2002 90156 029 \*\*\*150.00 COMMON GROUND ADVENTURES, INC. Principal Place of Business Mailing Address 890 65TH STREET SOUTH 890 65TH STREET SOUTH DATAA \*... ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 693479 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mayts, andrew J Jr Street Address (P.O. Box Number is Not Acceptable) 106 S. TAMPANIA AVENUE SUITE 200 TAMPA FL 33606 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ~(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change ☐ Addition NAME LINDSAY, MARK NAME STREET ADDRESS 890 65TH STREET SOUTH STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

■ Addition

CR2E034 (9/01)

tachment

00000113681

September 16, 2002

Division of Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, Fl 32303-1500

To whom it may concern:

I am writing to address the tardiness of my uniform Business Report for 2002. This is my first year in business as a Florida Corporation and some administrative responsibilities are new to me. I was under the understanding that my attorney who is listed as my registered agent was taking care of these matters. Unfortunately, I have discovered that is not the case.

Please accept my payment of \$150.00 and understand that this will not happen again as I am now aware of these responsibilities.

Sincerely,

Mark Lindsay President

