

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

046549 AV

DOCUMENT # **P01000031580**

1. Entity Name  
**JUNCOS TSCPR, INC.**

02 APR 30 PM 4:34

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST PETERSBURG FL 33707**

Mailing Address  
**C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST PETERSBURG FL 33707**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 41847**  
Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip Country  
**33743-1847 USA**

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

6. Name and Address of Current Registered Agent  
**SEMBLER, GREGORY S  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST PETERSBURG FL 33707**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Gregory S. Sembler **Gregory S. Sembler, President** 4/29/02 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)