

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90293 019 \*\*\*158.75

**DOCUMENT # P01000036732**

1. Entity Name

**PASADENA AND WATERFRONT PROPERTIES, INC.**

Principal Place of Business

**2795 KIPPS COLONY DRIVE #104  
 GULFPORT FL 33707**

Mailing Address

**2837 1ST AVENUE NORTH  
 ST. PETERSBURG FL 33713**

2. Principal Place of Business

**2819 Beach Blvd S**

3. Mailing Address

**2819 Beach Blvd S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Gulfport FL**

City & State  
**Gulfport FL**

Zip  
**33707**

Country  
**USA**

Zip  
**33707**

Country  
**USA**

4. FEI Number

**59-3713019**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**APTHORP, TAMMY**

**2837 1ST AVENUE NORTH  
 ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

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

**2819 Beach Blvd S**

City

**Gulfport**

**FL**

**Zip 33707**

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 **Tammy Apthorp**

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

NOTE: Registered Agent signature required when reinstating)

**5/1/02**

DATE

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	<b>D</b> <b>FREEL, JANE E</b> <b>2795 KIPPS COLONY DRIVE #104</b> <b>GULFPORT FL 33707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>APTHORP, TAMMY L</b> <b>2821 SKIMMER POINT DRIVE SOUTH</b> <b>GULFPORT FL 33707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>PRESIDENT (P)</b> <b>APTHORP, TAMMY L</b> <b>2821 SKIMMER PT DR S</b> <b>GULFPORT, FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Tammy Apthorp**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02 (727) 3846776**  
 Date Daytime Phone #

CR2E034 (9/01)