

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 013 ***150.00

DOCUMENT # PO1 000040673 ✓

1. Entity Name

ST. PETERSBURG REALTY GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8601 9th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

1923 IOWA AVE NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3715553

Applied For

Not Applicable

Zip

33702

Country

U.S.A.

Zip

33703

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RONALD W. BRAUN

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

1262 9th ST. NORTH

City

ST. PETERSBURG

FL

Zip Code

33705

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

RONALD W. BRAUN

4/29/02

VP SECRETARY DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | <u>P/D</u> <u>KENNETH P. SLABY</u> <u>1923 IOWA AVE NE</u> <u>ST. PETERSBURG, FL 33703</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>S/VP/D</u> <u>RONALD W. BRAUN</u> <u>1262 9th ST. NORTH</u> <u>ST. PETERSBURG, FL 33705</u> |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth P. Slaby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

727-528-7999

Daytime Phone #

CR2E034B (12/01)