

FILED
Sep 13, 2004 8:00 am
Secretary of State

DOCUMENT # P01000078951

Mailing Address
2130 9TH ST S
SAINT PETERSBURG, FL 33705-2733

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09082004 00000000 0000000000000000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75**

6. Name and Address of Current Registered Agent

2130 9th St So.
St. Pete Fl. 33705

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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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 

10.	OFFICERS AND DIRECTORS
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TITLE	PD
NAME	MCKOY, ANTHONY
STREET ADDRESS	866 MARION COURT
CITY - ST - ZIP	ST. PETERSBURG, FL 33701

TITLE	VD
NAME	MCKOY, PAULETTE R
STREET ADDRESS	866 MARION COURT
CITY - ST - ZIP	ST. PETERSBURG, FL 33701

TITLE	STD
NAME	WILLIAMS, YOLANDA
STREET ADDRESS	865 MARION COURT
CITY-ST-ZIP	ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____