

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000079462

1. Entity Name
FLORIDA FIRST REALTY OF PINELLAS, INC.



Principal Place of Business
% 2451-1 McMULLEN BOOTH ROAD
CLEARWATER, FL 33759

Mailing Address
% 2451-1 McMULLEN BOOTH ROAD
CLEARWATER, FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
56-2343301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, NICHOLAS H
2451-1 McMULLEN BOOTH ROAD
CLEARWATER, FL 33759**

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. 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's Signature required when withdrawing)

DATE

**FILED BY: NICHOLAS H JOHNSON
ATTY. NO. 11,000, L.P. WITH \$550.00
AMENDED UBR # P02000079462
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JOHNSON, NICHOLAS H**
STREET ADDRESS **2451-1 McMULLEN BOOTH RD.**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **WATSON, DAVID**
STREET ADDRESS **202 FOREST RIDGE ROAD**
CITY-ST-ZIP **INDIANA, PA 15701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **KISSNER, ALBIE**
STREET ADDRESS **510 OLD OAK CIRCLE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **N. Jean Seabolt**
STREET ADDRESS **2430 Timbercrest Cir. E**
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

Nicholas H. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

8/27/03 727-799-0212

Date

Daytime Phone #

[Signature]

FILED

03 SEP -2 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ CHECK HERE IF MAKING CHANGES

CR06034 (10/02)