

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 021 ***158.75

DOCUMENT # P02000092405

1. Entity Name
SEMBLER/TREASURE RETAIL, INC.



Principal Place of Business
**5858 CENTRAL AVE
ST PETERSBURG FL 33707**

Mailing Address
**5858 CENTRAL AVE
ST PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

PO BOX 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG FL

4. FEI Number

27-0029661

Applied For

Not Applicable

Zip

Country

Zip
33743-1847

Country
USA

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

**SHER, CRAIG H
5858 CENTRAL AVE
ST PETERSBURG FL 33707**

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SEMBLER, GREGORY S**
STREET ADDRESS **5858 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **DT** ☒ Change ☐ Addition
NAME **SEMBLER, GREGORY S.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D** ☐ Delete
NAME **SENBKER, BRENT W**
STREET ADDRESS **5858 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **D** ☒ Change ☐ Addition
NAME **SEMBLER, BRENT W.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D** ☐ Delete
NAME **SHER, CRAIG H**
STREET ADDRESS **5858 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **DP** ☒ Change ☐ Addition
NAME **SHER, CRAIG H.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D** ☐ Delete
NAME **FUQUA, JEFFREY S**
STREET ADDRESS **1450 S JOHNSON FERRY RD SUITE 100**
CITY-ST-ZIP **ATLANTA GA 30319**

TITLE **DS** ☒ Change ☐ Addition
NAME **FUQUA, JEFFREY S.**
STREET ADDRESS **1450 S. JOHNSON FERRY RD. SUITE 100**
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **D** ☐ Delete
NAME **MURPHY, DAVID E**
STREET ADDRESS **5858 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **DS** ☒ Change ☐ Addition
NAME **MURPHY, DAVID E.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **D** ☐ Delete
NAME **BISELI, RICHARD**
STREET ADDRESS **550 N REO ST SUITE 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **DV** ☒ Change ☐ Addition
NAME **BISELI, RICHARD**
STREET ADDRESS **550 N REO STREET, SUITE 300**
CITY-ST-ZIP **TAMPA, FL 33609**

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

727-384-6000

Date

Daytime Phone #

CR2E034 (10/02)