

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90107 036 \*\*\*150.00

**DOCUMENT #** P02000109422  
1. Entity Name  
**MY BOOKKEEPER, INC.**



Principal Place of Business  
8315 FORTIETH PL N  
ST PETERSBURG FL 33709

Mailing Address  
8315 FORTIETH PL N  
ST PETERSBURG FL 33709

90138812



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 48254  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
St. Petersburg FL

Zip  
33743

Country  
USA

4. FEI Number  
11-3659628

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
Name  
Andra Salvaggi  
Street Address (P.O. Box Number is Not Acceptable)  
6740 Crosswinds Dr N Ste L-1  
City  
St. Petersburg FL  
Zip Code  
33710

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 Andra Salvaggi DATE 4/28/03

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALVEGGI, ANDRA Z 8315 FORTIETH PL N ST PETERSBURG FL 33709	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: Andra Salvaggi DATE 4/28/03 727-344-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)