

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90175 018 ***158.75

DOCUMENT # P02000125587

1. Entity Name
ST. PETE PINE, INC.



Principal Place of Business
**1133 8 STREET NORTH
ST PETERSBURG FL 33701**

Mailing Address
**1133 8 STREET NORTH
ST PETERSBURG FL 33701**



2. Principal Place of Business
944 4th Street North

3. Mailing Address
944 4th Street North

Suite, Apt. #, etc.
Suite 400 & 500

Suite, Apt. #, etc.
Suite 400 & 500

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip Country
33701 Pinellas

Zip Country
33701 Pinellas

4. FEI Number
04-3724877

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1133 8 STREET NORTH
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUVAL, JAMES**
CITY-ST-ZIP **1133 8 STREET NORTH
ST PETERSBURG FL 33701**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUVAL, JENNIFER**
CITY-ST-ZIP **1133 8 STREET NORTH
ST PETERSBURG FL 33701**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTINO, RALPH**
CITY-ST-ZIP **1133 8 STREET NORTH
ST PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Dural, James**
CITY-ST-ZIP **944 4th St. North
St. Petersburg FL 33701**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Dural, Jennifer**
CITY-ST-ZIP **944 4th St. North
St. Petersburg FL 33701**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Martino, Ralph**
CITY-ST-ZIP **1133 8 St. North
St. Petersburg FL 33701**

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 727-821-9643

Date

Daytime Phone #

CR2E034 (10/02)