

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90245 024 ***150.00

0404714 AV

DOCUMENT # P92000014256

1. Entity Name

SP CONCORD, INC.



Principal Place of Business
**100 SECOND AVENUE NORTH
SUITE 200
SAINT PETERSBURG FL 33701**

Mailing Address
**P.O. BOX 429
ST. PETERSBURG FL 33731-0429**



2. Principal Place of Business
333 3rd Avenue North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

4. FEI Number **59-3155236**

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

7. Name and Address of New Registered Agent

**JENKINS, DAVID A
100 SECOND AVENUE NORTH
SUITE 200
ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

333 3rd Avenue North, Suite 400

City

St. Petersburg,

FL

Zip Code

33701

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 **DP** ☐ Delete
NAME **JENKINS, DAVID A**
STREET ADDRESS **100 SECOND AVENUE NORTH SUITE 200**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **333 3rd Avenue North, Suite 400**
STREET ADDRESS **St. Petersburg, FL 33701**
CITY-ST-ZIP

TITLE **DVPS** ☐ Delete
NAME **IRWIN, IAN F**
STREET ADDRESS **100 SECOND AVENUE NORTH SUITE 200**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **43-46 Norre Gade, #232**
STREET ADDRESS **St. Thomas, USVI 00802**
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **IRWIN, INNES H**
STREET ADDRESS **222 SECOND STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **DVP** ☐ Delete
NAME **BRETT, DAVID A**
STREET ADDRESS **100 SECOND AVENUE NORTH SUITE 200**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ian F. Irwin, President 4/30/03 (727)821-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)