

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90539 032 \*\*\*150.00

**DOCUMENT # P94000081761**

1. Entity Name  
**BONGOS INTERNATIONAL, INC.**

Principal Place of Business

**5800 GULF BLVD  
 ST PETERSBURG FL 33706**

Mailing Address

**5800 GULF BLVD  
 ST PETERSBURG FL 33706 Bongo  
 6754 31st Street S.  
 St. Petersburg, FL 33712-5402**



2. Principal Place of Business

**5800 Gulf Blvd.**

3. Mailing Address

**6754 31st Street S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**St. Petersburg, Fl.**

City & State

**St. Petersburg, Fl.**

4. FEI Number

**59-3288539**

Applied For  
 Not Applicable

Zip

**33706**

Country

**Pinellas**

Zip

**33712**

Country

**Pinellas**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REINA, LEONARD P  
 500 FIFTH AVE S  
 SUITE 502  
 NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name **Russell L. Chaetham, III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6536 Central Avenue**  
**St. Petersburg,**  
 City **FL** Zip Code **33707**

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.

SIGNATURE **Russell L. Chaetham III**

**4/23/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
 NAME **MALOGRIDES, CRAIG**  
 STREET ADDRESS **5800 GULF BLVD**  
 CITY-ST-ZIP **SAINT PETERSBURG BCH FL 33706**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **President**  
 STREET ADDRESS **Bayh malogrides**  
 CITY-ST-ZIP **6754 31st Street, S.  
 St. Petersburg, Fl. 33712**

TITLE ☐ Change ☒ Addition  
 NAME **Vice President**  
 STREET ADDRESS **Michelle Graham**  
 CITY-ST-ZIP **502 Lewis Street  
 St. Petersburg, Fl. 33705**

TITLE ☐ Change ☒ Addition  
 NAME **Sec. Treasurer**  
 STREET ADDRESS **V. Blackmore**  
 CITY-ST-ZIP **6746 31st St., S.  
 St. Petersburg, Fl. 33712**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **V. Blackmore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-23-02 (727)867-3993**

Daytime Phone #

CR2E034 (9/01)