

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90121 048 \*\*\*150.00

**DOCUMENT # P95000069935**

1. Entity Name  
**PARK PLACE OF MANDARIN, INC.**



Principal Place of Business  
**13777 BELCHER RD  
LARGO FL 33771**

Mailing Address  
**13777 BELCHER RD  
STE-225  
LARGO FL 33771**



2. Principal Place of Business

3. Mailing Address

**13777 BELCHER RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LARGO, FL.**

Zip

Country

Zip

Country

**33771**

**US**

4. FEI Number **59-3334308**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PIAZZA, STEVEN A  
13777 BELCHER RD  
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name  
**SOCKOL, DAVID J. Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**111 SECOND AVENUE N.E.**  
**PLAZA TOWER, SUITE 1401**  
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

**2/20/03**

**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	PD PIAZZA, JOHN J SR 311 PARK PL BLVD STE-225 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIAZZA, ROSEMARY E 311 PARK PLACE BLVD STE-225 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMBARDI, RITA A 311 PARK PLACE BLVD STE-225 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIAZZA, STEVEN A 13777 BELCHER RD LARGO FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST YOUNG, JOHN T. 13777 BELCHER ROAD S. LARGO, FL. 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**John T. Young**

Date

Daytime Phone #

**010903**  
**727-726-3310**

CR2E034 (10/02)