## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 23, 2000 8:00 am Secretary of State DOCUMENT # **P95000086480** 1. Entity Name FLORIDA'S ST. PETE'S FINEST, INC. 05-23-2000 90236 023 \*\*\*150.00 Principal Place of Business Mailing Address KATY CONNOR-DUBINA ST PETERSBURG POLICE 1300 FIRST AVENUE NORTH ST. PETERSBURG FL 33705 1300 FIRST AVE N SUSULVUS ST. PETERSBURG FL 33705-1509 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0635003 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONNOR-DUBINA, KATY Street Address (P.O. Box Number is Not Acceptable) 1300 FIRST AVENUE NORTH ST. PETERSBURG FL 33705 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ROBBINS, GARY NAME NAME STREET ADDRESS 1300 FIRST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Addition Z Delete TITLE TITLE **BROSS, JOSEPH** NAME NAME STREET ADDRESS 1300 FIRST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33705 TITLE ☐ Change ☐ Addition ☐ Delete TITLE CONNOR-DUBINA, KATY NAME NAME STREET ADDRESS 1300 FIRST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 TITLE ☐ Change Addition ☐ Delete TITLE MCLELLAN, NANCY NAME NAMÉ STREET ADDRESS STREET ADDRESS 1300 FIRST AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 export 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 of rustile expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if