

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90236 023 \*\*\*150.00

**DOCUMENT # P95000086480**

1. Entity Name  
**FLORIDA'S ST. PETE'S FINEST, INC.**

Principal Place of Business <b>1300 FIRST AVENUE NORTH          ST. PETERSBURG FL 33705</b>	Mailing Address <b>KATY CONNOR-DUBINA ST PETERSBURG POLICE          1300 FIRST AVE N          ST. PETERSBURG FL 33705-1509</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0635003</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CONNOR-DUBINA, KATY  
 1300 FIRST AVENUE NORTH  
 ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE Katy Connor-Dubina DATE 3/14/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>ROBBINS, GARY</b>	
STREET ADDRESS	<b>1300 FIRST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>BROSS, JOSEPH</b>	
STREET ADDRESS	<b>1300 FIRST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>CONNOR-DUBINA, KATY</b>	
STREET ADDRESS	<b>1300 FIRST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>MCLELLAN, NANCY</b>	
STREET ADDRESS	<b>1300 FIRST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCFARLEY, ADA</b>	
STREET ADDRESS	<b>1300 FIRST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33705</b>	

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: A.M. MCFARLEY DATE: 28 FEB 2000 DAYTIME PHONE #: (727) 893-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)