

FILED
Apr 29, 2004 8:00 am
Secretary of State

14013435

DOCUMENT # P96000006274		04-29-2004 90319 016 ***150.00	
1. Entity Name 1ST SECURITY OF ST. PETE, INC.			
Principal Place of Business 5601 SEMINOLE BLVD SEMINOLE, FL 33772		Mailing Address 5601 SEMINOLE BLVD SEMINOLE, FL 33772 4175 E. BAY DR, STE 104 CLEARWATER, FL 33764	
2. Principal Place of Business		3. Mailing Address 4175 E. BAY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 104	
City & State		City & State CLEARWATER, FL	
Zip	Country	Zip	Country
33764		PENELLAS	
4. FEI Number 59-3360971		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VILLANDRY, PETER 5601 SEMINOLE BLVD SEMINOLE, FL 33772		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VILLANDRY, PETER 5601 SEMINOLE BLVD SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date _____ Daytime Phone # _____	