

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000011476**1. Entity Name  
JASMIN ENTERPRISES OF PINELLAS, INC.

Principal Place of Business	Mailing Address
GLADES BUILDING, SUITE 303	GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST	877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL	ST. PETERSBURG FL
33702 US	33702 US

2. Principal Place of Business	3. Mailing Address
KRESS BUILDING, SUITE M8	KRESS BUILDING, SUITE M8

Suite, Apt. #, etc.	Suite, Apt. #, etc.
475 CENTRAL AVENUE	475 CENTRAL AVENUE

City & State	City & State
ST. PETERSBURG FL	ST. PETERSBURG FL

Zip	Country	Zip	Country
33701	US	33701	US

4. FEI Number	Applied For
59-3359885	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL  
33702 US**7. Name and Address of New Registered Agent**Name  
MASCARA ERNEST L  
Street Address (P.O. Box Number is Not Acceptable)  
KRESS BUILDING, SUITE M8  
475 CENTRAL AVENUE  
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.

SIGNATURE **ERNEST L. MASCARA****04/02/2001**

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	MASCARA ERNEST L	
STREET ADDRESS	877 EXECUTIVE CENTER DR WEST, STE 303	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	KROEGER ANGELIKA	
STREET ADDRESS	7350 ASHMORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KROEGER PETER	
STREET ADDRESS	7350 ASHMORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARA ERNEST L	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PETER KROEGER**

P

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)