

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038732

1. Entity Name
STREET EAGLE OF PINELLAS COUNTY, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90032 019 ***150.00

Principal Place of Business

11100 66TH ST N #STE 29
LARGO FL 33773
US

Mailing Address

11100 66TH ST N #STE 29
LARGO FL 33773
US

2. Principal Place of Business

7850 ULLERTON ROAD

Suite, Apt. #, etc.

SUITE 5

City & State

LARGO, FL

Zip

33771

Country

USA

3. Mailing Address

7850 ULLERTON ROAD

Suite, Apt. #, etc.

SUITE 5

City & State

LARGO, FL

Zip

33771

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3375930

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTO, ROBERT

11100 66TH ST N #STE 29

LARGO FL 33773

Name ROBERT SPOTO

Street Address (P.O. Box Number is Not Acceptable)

7850 ULLERTON ROAD, SUITE 5

City

LARGO,

FL

Zip Code

33771

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 *Robert Spoto* ROBERT SPOTO

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-13-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME SPOTO, ROBERT A
STREET ADDRESS 11492 60TH TER., N
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Robert Spoto* ROBERT SPOTO 4-13-01 727-533-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)