## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P97000006357** 1. Entity Name BAYBORO BOOKS OF ST. PETERSBURG, INC. 05-11-2000 90325 028 \*\*\*150.00 Principal Place of Business Mailing Address 121 7TH AVE S 121 7TH AVE S ST PETERSBURG FL 33701-5015 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 12.04 HUDTING Z04 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3419062 HALBOK, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASTINGS, DAVID C Street Address (P.O. Box Number is Not Acceptable) 19941 GULF BLVD #E INDIAN SHORES FL 33785 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Delete TITLE TITLE CORTESE, JOSEPH M NAME NAME 1204 HUNTINGTON LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Change Addition TITLE ☐ Delete TITLE CORTESE, ELLEN K NAME MAME STREET ADDRESS STREET ADDRESS 1204 HUNTINGTON LN CITY-ST-7IE CITY - ST- ZIP SAFETY HARBOR FL 34695 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition □ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS O'T': 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 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/201

727-726-326

Daytime Phone #