

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90471 034 ***150.00

DOCUMENT # P97000016755

1. Entity Name
REQUIEM INVESTMENTS, INC.



Principal Place of Business
**2401 WEST BAY DRIVE
SUITE 421
LARGO FL 33770
US**

Mailing Address
**2401 WEST BAY DRIVE
SUITE 421
LARGO FL 33770
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3429431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLINE, HARRY S
625 COURT STREET
SUITE 200
CLEARWATER FL 33756**

Name **DAVID E. PLATTE**
Street Address (P.O. Box Number is Not Acceptable) **603 Indian Rocks Rd**
City **Belleair** FL Zip Code **33756**

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 *David E. Platte*
Signature, typed or printed name of registered agent and title if applicable.

DAVID E. Platte

4/24/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JEWEL, GREGORY C**
STREET ADDRESS **2401 WEST BAY DRIVE SUITE 421**
CITY-ST-ZIP **LARGO FL 33770**

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

TITLE **STD** ☐ Delete
NAME **FLINT, JOHN NELSON**
STREET ADDRESS **2401 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO FL 33770**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Nelson **John Nelson** **FLint** **4/23/03** **727-581-2700**

Date

Daytime Phone #

CR2E034 (10/02)