2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000027486 **DOCUMENT #**

1. Entity Name

THE BIG KAHUNA DEVELOPMENT COMPANY



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90117 009 ***150.00

11300 FOURTH SUITE 200 ST. PETERSBL US		11300 Suite St. P US	Mailing Address 11300 4TH ST N SUITE 200 ST. PETERSBURG FL 33716 US 3. Mailing Address				30014142						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 59-3433847			33847		-	oplied For ot Applicable	
Zip	Country	Zip					5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Curre	· · · · ·	7.	Name a	and Address o	of New Regi:	stered Ag	ent	•				
					Name					-			
SEMBLER, M. STEVEN 11300 FOURTH STREET NORTH SUITE 200					Street Address (P.O. Box Number is Not Acceptable)								
ST. PETERSBURG FL 33716					City					FL	Zip Coo	e	
8. The above the obligat SIGNATURE	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age				ed office or reg				ate of Florida	a. I am far	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS								Election Camp Trust Fund Co	entribution.		Added	May Be d to Fees	
	· · · · · · · · · · · · · · · · · · ·	DIRECTO		11.		A	DUITION	NS/CHANGES	TO OFFICE				
NAME Street address	SEMBLER, M. STEVEN 11300 FOURTH STREET NORTH, SUITE 200				ļ					[Change	☐ Addition	
NAME Street address	DVPS CHADWICK, JAMES M 11300 FOURTH STREET NORTH, SUITE 200 ST PETERSBURG FL 33716		•							☐ Change	Addition		
TITLE NAME STREET ADDRESS	/P KEENE, BRUCE R JR 11300 4TH ST. N.,STE.200							`	(.] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					С	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			.,, ,,,,,,,,		C	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	ith ship fills	Delete	CITY-	T ADDRESS ST-ZIP		440.05				Change	Addition	

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 appropriate the repowered.