

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

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04-02-2003 90383 047 ***150.00

DOCUMENT # P97000053607

1. Entity Name
PEERLESS PROPERTY MANAGEMENT, INC.



Principal Place of Business
1920 62ND AVE N
ST PETERSBURG FL 33702

Mailing Address
1920 62ND AVE N
ST PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

335 BOCA GEEA PL, BLVD
Suite, Apt. #, etc.

335 BOCA GEEA PL, BLVD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MADEIRA BCH, FLA.

City & State
MADEIRA BCH, FLA.

4. FEI Number **59-1655341**

Applied For
Not Applicable

Zip **33705** **Country** **USA**

Zip **33708** **Country** **USA**

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

CONNOLLY, TIMOTHY
2200 PARK ST NO
ST PETERSBURG FL 33710

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 *Timothy J. Connolly*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/28/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CONNOLLY, TIMOTHY	
STREET ADDRESS	2200 PARK ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33710	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CONNOLLY, MARCIA	
STREET ADDRESS	2200 PARK ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
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NAME		
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 all other like empowered.

SIGNATURE: *Timothy J. Connolly* **3/28/03** **727 394-8964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)