2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 18, 2002 8:00 am P97000105239 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90062 023 ***150 00 TREASURE ISLAND DEVELOPMENT CORP. Principal Place of Business Mailing Address 255 COREY AVE 255 COREY AVE ST PETE BEACH FL 33706 ST PETE BEACH FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 59-3484942 Not Applicable Zip Country Zip Country \$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 - Name POWELL, JAMES N Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA **SUITE 1210** ST PETERSBURG FL 33701 City 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE SKIPPER, PAUL J NAME NAME **255 COREY AVENUE** STREET ADDRESS STREET ADDRESS ST PETE BEACH FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME KLINGEL, JOSEPH W NAME 255 COREY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL 33706 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employed 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.

Paul J. Skipper

Daytime Phone #

ED OR SUTTED NAME OF SIGNING OFFICER OR DIRECTOR