

DOCUMENT # P97000108669

Principal Place of Business	Mailing Address
2826 10TH ST N SUITE B ST. PETERSBURG FL 33704	2826 10TH ST N SUITE B ST. PETERSBURG FL 33704-2502

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State		City & State	

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

6. Name and Address of Current Registered Agent		Name
SIY, VINCENT I 2826 10TH ST N SUITE B ST. PETERSBURG FL 33704		Street Address (If
		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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP SIY, VINCENT I 2826 10TH STREET NORTH #B ST. PETERSBURG FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: VINCENT Z. Jiy (727) 9975193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/19/2000 Date Daytime Phone #

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90006 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3485603	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	
FL	Zip Code

d agent, or both, in the State of Florida.

DATE _____

10. Election Campaign Financing Trust Fund Contribution.	☐	\$5.00 May Be Added to Fees
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[illegible]

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ame legal effect as if made under oath; that I am an officer or director
Florida Statutes; and that my name appears in Block 11 or Block 12 if

I. Jiy (727) 9975193
3/19/2000 Date Daytime Phone #

CR2E034 (9/99)