

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90175 047 \*\*\*150.00

DOCUMENT # P98000030804

1. Entity Name

~~POLK COUNTY REALTY FUND, INC.~~

**BERAFFES, INC**

Principal Place of Business

~~100 SECOND AVENUE NORTH, SUITE 200~~

~~ST PETERSBURG FL 33701~~

Mailing Address

PO BOX 429

ST PETERSBURG FL 33731-0429

2. Principal Place of Business

**1010 MONTEREY BLVD NE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33704

Country

USA

6. Name and Address of Current Registered Agent

JENKINS, DAVID

~~100 SECOND AVENUE NORTH, SUITE 200~~

~~ST PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**333 Third Avenue North, Suite 400**

City

**ST. PETERSBURG**

FL

Zip Code

**33704**

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 Jenkins*

Signature, typed or printed name of registered agent and title if applicable.

DAVID A. JENKINS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DVPS**

**BRETT, DAVID A**

**100 SECOND AVENUE NORTH, SUITE 200**

**ST PETERSBURG FL 33701**

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DPT**

**JENKINS, DAVID A**

**100 SECOND AVENUE NORTH, SUITE 200**

**ST PETERSBURG FL 33701**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DPTS**

**1010 MONTEREY BLVD NE**

**ST. PETERSBURG, FL 33704**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

*David Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID A. JENKINS**

President

DATE

4/15/03

DAYTIME PHONE #

727-480-8865

CR2E034 (10/02)