CR2E034 (10/00)

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am Secretary of State DOCUMENT # **P98000033111** COMMERCIAL REALTY OF PINELLAS, INC. 05-10-2001 90091 026 \*\*\*150.00 Principal Place of Business Mailing Address 1230 S. MYRTLE AVENUE 1230 S. MYRTLE AVENUE SUITE 301 SUITE 301 A U L M . CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3506887 Not Applicable Zip Country 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 SAVOIE, TEMPI Street Address (P.O. Box Number is Not Acceptable) 1230 S. MYRTLE AVENUE SUITE 301 **CLEARWATER FL 33756** City Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TIT! F PDSTC XX Change \_\_\_ Addition NAME SAVOIE, TEMPI NAME SAVOIE, TEMPI STREET ADDRESS 1230 S. MYRTLE AVE., SUITE 301 STREET ADDRESS 1230 S. MYRTLE AVE., SUITE 301 CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-7IP CLEARWATER, FL 33756 TITLE Delete TITLE Change Addition NAME SAVOIE, RUTH NAME STREET ADDRESS 1230 S. MYRTLE AVE., SUITE 301 STREET ADDRESS CEEANWATER FE 33/30 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

Tempi Savoie, President

SIGNATURE:

G DEFICER OR DIRECTOR

4/25/01

727-447-1521

Daytime Phone #