

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90156 004 ***150.00

DOCUMENT # P98000033111

1. Entity Name

COMMERCIAL REALTY OF PINELLAS, INC.

Principal Place of Business

**1230 S. MYRTLE AVENUE
 SUITE 301
 CLEARWATER FL 33756**

Mailing Address

**1230 S. MYRTLE AVENUE
 SUITE 301
 CLEARWATER FL 33756**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 671

Suite, Apt. #, etc.

City & State

Clearwater, FL

33757

US

4. FEI Number

59-3506887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAVOIE, TEMPI
 1230 S. MYRTLE AVENUE
 SUITE 301
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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.

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, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete
 NAME **SAVOIE, TEMPI**
 STREET ADDRESS **1230 S. MYRTLE AVE., SUITE 301**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDCT** ☒ Change ☐ Addition
 NAME **SAVOIE, TEMPI**
 STREET ADDRESS **1230 S. MYRTLE AVE. #301**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **S** ☐ Change ☒ Addition
 NAME **SCHLEGEL, TAMI**
 STREET ADDRESS **1230 S. MYRTLE AVE., #301**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Tempi Savoie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-447-1521

Date

Daytime Phone #

CR2E034 (9/01)