## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am Secretary of State DOCUMENT # P98000064763 1. Entity Name 05-12-2002 90664 047 \*\*\*150.00 BRITANNIA CONSTRUCTION & PROPERTY MANAGEMENT. IN Principal Place of Business Mailing Address 636 QUINTANA PL NE 2435 WOODLAWN CIRCLE WEST SAINT PETERSBURG FL 33704 SAINT PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-3525592 Not Applicable Country Zip \$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 **4MERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE □ Delete TITLE Change NAME SMITH, NEAL P NAME STREET ADDRESS 2435 WOODLAWN CIRCLE WEST STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition VTD OVERCAST, BILL L STREET ADDRESS 2435 WOODLAWN CIRCLE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Addition TITI E ☐ Delete TITI F NAME NASH, JOHN C STREET ADDRESS STREET ADDRESS 636 QUINTANA PL NE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 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 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 artracts with all other line empowered.

J.C. NASH

MATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

727 5422748

**FILED**