

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90150 009 \*\*\*150.00

DOCUMENT # 198000064763

1. Entity Name

BRITANNIA CONSTRUCTION AND PROPERTY  
MANAGEMENT INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2435 WOODLAWN CIRCLE W.

3. Mailing Address

7942 3rd AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG

4. FEI Number

59-3523592

Applied For

Not Applicable

Zip

33704

Country

USA

Zip

FL 33707

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

AMERILAWYER

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

343 ALHAMBRA AVE.

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>PRESIDENT</u>
NAME	<u>NEAL P. SMITH</u>
STREET ADDRESS	<u>2435 WOODLAWN CIRCLE WEST</u>
CITY - ST - ZIP	<u>ST. PETERSBURG FL 33704</u>
TITLE	<u>V.P.</u>
NAME	<u>BILL L. OVERCAST</u>
STREET ADDRESS	<u>2435 WOODLAWN CIRCLE WEST</u>
CITY - ST - ZIP	<u>ST. PETERSBURG FL 33704</u>
TITLE	<u>DEVELOPER/SECRETARY</u>
NAME	<u>JOHN C. NASH</u>
STREET ADDRESS	<u>7942 3rd AVE SOUTH</u>
CITY - ST - ZIP	<u>ST. PETERSBURG FL 33707</u>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-03

Date

727 542 2748

Daytime Phone #

CR2E034B (12/02)