

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000094755

1. Entity Name
BROOKSIDE SQUARE GENERAL PARTNER, INC.



Principal Place of Business

11300 4TH ST. N.
ST. PETERSBURG, FL 33716-2940

Mailing Address

11300 4TH ST. N.
STE 200
ST. PETERSBURG, FL 33716-2940



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3543260

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 4TH ST. N.
ST. PETERSBURG, FL 33716-2940

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
DP
CHADWICK, HARRY R JR.
11300 4TH ST. N.
ST. PETERSBURG, FL 337162940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
CHADWICK, LAUREL J
11300 4TH ST. N.
ST. PETERSBURG, FL 337162940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
CHADWICK, JAMES M
11300 4TH ST. N.
ST. PETERSBURG, FL 337162940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

000000050144

02/13/04-R00050-016 150.00

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04

727-578-1174