2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # **P98000096094** Apr 07, 2000 8:00 am Secretary of State WATERS EDGE REALTY OF PINELLAS. INC. 04-07-2000 90029 015 ***150.00 Mailing Address Principal Place of Business 6807 GULF BLVD 6807 GULF BLVD ST. PETE BEACH FL 33706-2027 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3543155 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHICOURIS. PEFER 6807-GULF-BLVD. DETERBEACH FL 33706 registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE (NOTE: Register nuired 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Addition TITLE TITLE Delete MASO, GEORGE CHICOURIS, PETER NAME NAME STREET ADDRESS 6807 GULF BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL 33706 Delete ☐ Addition TITLE TITLE CHICOURIS, PETER NAME NAME 6807 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL 33706 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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