## 2000 UNIFORM BUSINESS REPORT (UBK)

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

## **FILED** DOCUMENT # P99000017909 May 01, 2000 8:00 am Secretary of State 1. Entity Name PIRATES TREASURE, INC. 05-01-2000 90052 028 \*\*\*150.00 Mailing Address Principal Place of Business 331 9TH AVENUE NORTH 331 9TH AVENUE NORTH SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-3507 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. 19 NORTH SUITE 100 **CLEARWATER FL 33761** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 OFFICERS AND DIRECTORS 12. 11. President Addition ☐ Change TITLE ☐ Delete TITLE NAME SMITH, ROBERT H NAME STREET ADDRESS STREET ADDRESS 840 59TH AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33706 Vice President Change ☐ Delete TITLE TITLE NAME SMITH, JAMES L NAME STREET ADDRESS 731 RUSKIN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE di aya 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 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

Vice President

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