

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025632

1. Entity Name

FOURTH STREET MANAGEMENT GROUP, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90006 041 ***150.00

Principal Place of Business

Mailing Address

1 BEACH DRIVE SE. #2312
ST. PETERSBURG FL 33701

1 BEACH DRIVE SE. #2312
ST. PETERSBURG FL 33701-3958

2. Principal Place of Business

3. Mailing Address

4800 4TH STREET No.

4800 4TH STREET No

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-356 4661

Applied For

Not Applicable

Zip

Country

33703

USA

Zip

Country

33703

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, BLAIR W
1 BEACH DRIVE SE. #2312
ST. PETERSBURG FL 33701

Name

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

City

FL

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

Sam M. Fernandez SC, VP

2-25-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	REMMEL, KYLE D	1315 41ST AVE., N.E.	ST. PETERSBURG FL 33703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FERNANDEZ, DIANNE M	15566 GULF BLVD.	REDINGTON BEACH FL 33708	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

Sam M. Fernandez SC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00 - 528-1133

CFR2E034 (9/99)