

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 040 ***550.00

0089148 AV

DOCUMENT # P99000077777
1. Entity Name
DIGITAL MINDSHARE, INC.

Principal Place of Business **Mailing Address**
449 CENTRAL AVE. SUITE 203 **449 CENTRAL AVE. SUITE 203**
ST PETERSBURG FL 33701 **ST PETERSBURG FL 33701**

2. Principal Place of Business **3. Mailing Address**
449 Central Ave Ste 105 **449 Central Avenue**
Suite, Apt. #, etc. **Suite 105**

City & State **City & State**
St. Petersburg, FL **St. Petersburg, FL**
Zip **Country** **Zip** **Country**
33701 **USA** **33701** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3598046** **Applied For**
Not Applicable
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**
STULL, R JEFFREY **Name**
R JEFFREY STULL, P.A. **Street Address (P.O. Box Number is Not Acceptable)**
602 SOUTH BLVD **City** **FL** **Zip Code**
TAMPA FL 33606

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JERRY	NAME	
STREET ADDRESS	449 CENTRAL AVE, SUITE 203	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MARY JO	NAME	
STREET ADDRESS	449 CENTRAL AVE., STE. 203	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK, GREGORY J	NAME	
STREET ADDRESS	449 CENTRAL AVE., STE. 203	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **GREGORY J. PEEK** **7/13/01** **707 802 2258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)