## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

FIRST UNION BLDG. CLEARWATER MALL

Principal Place of Business

20505 U.S. HWY. 19. N. #502 CLEARWATER FL 33764-7313 P99000096399

Mailing Address

SUITE 250

3001 EXECUTIVE DRIVE

CLEARWATER FL 33762-5324

1. Entity Name

SEMINOLE MALL OFFICE CENTER, INC.



## FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90167 024 \*\*\*150.00

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	and the second s

z. Principal Place of Business	3. Walling Address		1		,		
3001 Executive Dr.							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAK	ING CHAN	GES	
Suite 250							
City & State	City & State		<b>4.</b> F	59-3612697	L	Applied For	
Clearwater, FL				33 00 12001		Not Applicable	
Zip Country USA USA	Zip	Country	5. (	Certificate of Status Desired	<b>\$8.75</b> Fee Red	Additional quired	
6. Name and Address of Curre	nt Registered Agent		7. 1	Name and Address of New Register	ed Agent		
		Name				7 =	
ROSS, ELLIOTT M		-	1				
20505 US HWY 19 N.		Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE 502							
		3001	Executiv	ve DR., Suite 250			
CLEARWATER FL 33764			Clearwat	•	<b>-∟</b>   33	Code <b>762-5324</b>	
	t for the purpose of changing its r	egistered office or	registered ag	ent, or both, in the State of Florida. I	am familiar v	with, and accept	
the obligations of registreed agent							
SIGNATURE / WWW.		Elliot	t M. Ros	ss 3-	27-03		
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signate	re required when re	oinstating) DA	TE	· · · · · · · · · · · · · · · · · · ·	
7 - FILE MOVING FEE 10 0450.00		<del></del>	,	<u> </u>			
FILE NOW!!! FEE IS \$150.00	I			9. Election Campaign Financing	_ \$	<b>5.00</b> May Be	
After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Department				Trust Fund Contribution.		dded to Fees	
10. OFFICERS AN	VD DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11	
TITLE ST	☐ Delete	TITLE			<b>X</b> Cha	nge	
NAME ROSS, ELLIOTT M		NAME				· –	
STREET ADDRESS 20505 U.S. HWY. 19, N. #502		STREET ADDRESS	3001 Ex	xecutive Dr., Suite	250		
CITY-ST-ZIP CLEARWATER FL 33764-7313		CITY-ST-ZIP		ater, FL 33762-5324			
nitle P	Прак	TITLE	OTCUT III	ACCE, 11 33.02-3321	- C Cho	nge 🔲 Addition	
NAME ANDERSON, RONALD G	☐ Delete	NAME			x Cha	inge L_1 Addition	
		STREET ADDRESS	3001 E	vecutive DR Suite	250		
		CITY-ST-ZIP	3001 Executive DR., Suite 250 Clearwater, FL 33762-5324				
	The second secon	TITLE		CEI, FH 33702-3324	مان اسا حد ب	and Michael Manager	
TVI ED LIENDY	Delete	HILE			X.Cha	nge 🗀 Addition	
TYLER, HENRY STREET ADDRESS 20505 LIS HWY 19 N #502		NAME STREET ADDRESS	12 0-1	lesses DD			
20000 00 11111 10 11 # 002		CITY-ST-ZIP		levue DR.			
OLL WITH LEGIST		<del></del>	Treasu	re Island, FL 33706			
IITLE	☐ Delete	TITLE			☐ Cha	nge	
VAME		NAME					
STREET ADDRESS		STREET ADDRESS					
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NAME		NAME					
STREET ADDRESS		E CENTER AND DECC					
		STREET ADDRESS					
DITY-ST-ZIP		CITY-ST-ZIP					

2. I hereby certify that the information symbolic dwith 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 supplying fight if 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 received of the propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an oddress, with all giver like empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

727-725-2800

Daytime Phone #

CR2E034 (10/0