

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90139 043 \*\*\*150.00

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**DOCUMENT # V52966**

1. Entity Name  
**SCOTLAND YARDS OF TAMPA BAY, INC.**



Principal Place of Business  
**2101 STARKEY RD.  
UNIT N3  
LARGO FL 34641  
US**

Mailing Address  
**2101 STARKEY RD.  
UNIT N3  
LARGO FL 34641  
US**



2. Principal Place of Business

3. Mailing Address

**873-W. BAY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 196 -**

City & State

City & State

**LARGO, FL -**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33771**

Country

Zip  
**33770**

Country

**PINELLAS**

4. FEI Number **59-3137617**

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

**KIEFER, NEIL G.  
KIEFER & ROWE  
100 2ND AVE S STE 1201  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, TERRANCE M. 5055 31ST AVENUE NORTH ST. PETERSBURG FL 33710</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all alike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERRANCE M. ALLEN 4-8-03 727-570-463**

Date Daytime Phone #

CR2E034 (10/02)