

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047261

1. Entity Name

BALLAST POINT MANAGEMENT SERVICES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90006 017 ***150.00

Principal Place of Business

Mailing Address

11300 4TH ST. NORTH
 ST. PETERSBURG FL 33716-2940

11300 4TH ST. NORTH
 ST. PETERSBURG FL 33716-2918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3579011

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHADWICK, JAMES M
11300 4TH ST. NORTH
ST. PETERSBURG FL 33716-2940

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable) **Same**
Suite 200
 City **Same** **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 _____ 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 \$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	D <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, JAMES M	NAME	
STREET ADDRESS	11300 4TH ST. NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716-2940	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, BRUCE R	NAME	
STREET ADDRESS	11300 4TH ST. NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716-2940	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMBLER, M. STEVEN	NAME	
STREET ADDRESS	11300 4TH ST. NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716-2940	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 lines empowered.

SIGNATURE: *Bruce R. Keene* **3-6-00** (727) 577-9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Bruce R. Keene, President

CR2E034 (9/99)