

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0451084 AV

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1. Entity Name
BALLAST POINT MANAGEMENT SERVICES, INC.

02-20-2002 90045 040 ***150.00

Principal Place of Business 11300 4TH ST. NORTH STE 200 ST. PETERSBURG FL 33716-2940	Mailing Address 11300 4TH ST. NORTH STE 200 ST. PETERSBURG FL 33716-2940
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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**

DO NOT WRITE IN THIS SPACE

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
 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 _____
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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DST						
	CHADWICK, JAMES M	11300 4TH ST. NORTH	ST. PETERSBURG FL 33716-2940				
	DP						
	KEENE, BRUCE R	11300 4TH ST. NORTH	ST. PETERSBURG FL 33716-2940				
	DVP						
	SEMBLER, M. STEVEN	11300 4TH ST. NORTH	ST. PETERSBURG FL 33716-2940				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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)
SIGNATURE REQUIRED
 Bruce R. Keene, President

01/21/02

(727) 577-9197

DATE DAYTIME PHONE #

CR2E034 (9/01)