

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90056 025 ****61.25

DOCUMENT # 717887

1. Entity Name

OPERATION PAR, INC.

Principal Place of Business

**6655 66TH ST N
 PINELLAS PARK FL 33781**

Mailing Address

**6655 66TH ST N
 PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1349234

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

**COLETTI, SHIRLEY
 6655 66TH ST N
 PINELLAS PARK FL 33781**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
 NAME **SUSAN LATVALA**
 STREET ADDRESS **109 PHILIPS WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
 NAME **GARY SWEAT**
 STREET ADDRESS **100 SECOND AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete
 NAME ~~**TAFT, JEANETTE**~~
 STREET ADDRESS ~~**4532 W KENNEDY BLVD #150**~~
 CITY-ST-ZIP ~~**TAMPA FL 33609**~~

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **MCCARTHY, JEANE**
 STREET ADDRESS ~~**880 6TH ST SOUTH STE 470**~~
 CITY-ST-ZIP ~~**ST. PETERSBURG FL 33701**~~

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **1200 Morgan Johnson Rd.**
 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **SD** ☐ Delete
 NAME **Sue Platt**
 STREET ADDRESS **437 Haven Pt. DR**
 CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
 STREET ADDRESS ☐ Change ☒ Addition
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Susan Latvala
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Latvala

Date

Daytime Phone #

CR2E037 (9/01)