2002 UNIFORM BUSINESS REPORT (UBR)

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07-24-2002 90131 024 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000678

1. Entity Name

PINELLAS CARES, INC.

Principal Place of Business	Mailing Address
5959 CENTRAL AVE., STE. 200 ST. PETERSBURG FL 33710	5959 CENTRAL AVE., STE. 200 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11457 Ulmerton Rd	P.O. Box 5164
Suite, Apt. #, etc.: -	Suite, Apt. #, etc.
City & State: Largo, FL	City & State: Largo, FL
Zip: 33778 Country: USA	Zip: 33779 Country: USA

4. FEI Number: 59-3355555 ☐ 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
FOX, CYNTHIA - Same 5959 CENTRAL AVE., STE. 200 ST. PETERSBURG FL 33710 } see change box 7.	Name: Cynthia, Fox Street Address (P.O. Box Number is Not Acceptable): 11457 Ulmerton Rd City: Largo FL Zip Code: 33778

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: Cynthia Fox Executive Director Cynthia Fox DATE: 7/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEAL, KAREN W 315 COURT STREET CLEARWATER FL 33752	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CATANESE, GEORGE 800 CARILLON PARKWAY ST PETERSBURG FL 33733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICH, MARION 2135 CAMDEN WAY CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHARP, COVINGTON 1150 CLEVELAND STREET CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED FOX, CYNTHIA 5959 CENTRAL AVE., #200 ST. PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 11457 Ulmerton Rd Largo, Fl 33778	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKBURN, SUSAN 333 THIRD AVENUE NORTH ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: SIGNATURE REQUIRED (727) 598-3344 7/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #