

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 002 ***150.00

DOCUMENT # *P01000033808*

1. Entity Name *T & S ENTERPRISES OF PINELLAS, INC.*
914 OLD VILLAGE WAY
OLDSMAR, FL 34677

669649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

914 OLD VILLAGE WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

Zip

34677

Country

USA

Zip

Country

4. FEI Number

59-3707858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUSAN McCLAIN

Street Address (P.O. Box Number is Not Acceptable)

914 OLD VILLAGE WAY

City

OLDSMAR

FL

Zip Code

34677

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and date it applies

(NOTE: Registered Agent signature required when transferring)

4-30-02

DATE

9. This corporation is eligible to satisfy its intangible
"tax filing" requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

~~After May 1, Fee is \$550.00~~

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*P
THOMAS JOSAPAK
914 OLD VILLAGE WAY
OLDSMAR, FL 34677*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
SUSAN McCLAIN
914 OLD VILLAGE WAY
OLDSMAR, FL 34677*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address and all other like empowered.

SIGNATURE:

[Signature] **PRESIDENT**

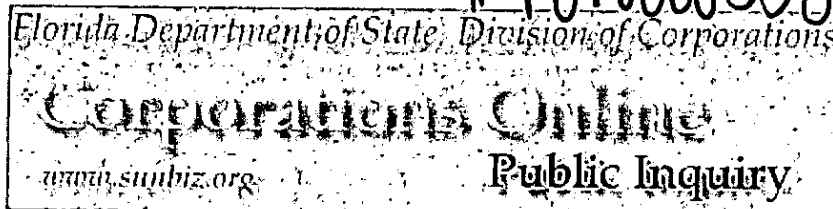
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **813.818.5988**

Date

Dynamic Phone #

CR2E034B (12/01)



Florida Profit

T & S ENTERPRISES OF PINELLAS, INC.

PRINCIPAL ADDRESS
2525 HIGHLAND ACRES DR
CLEARWATER FL 33761-1624

MAILING ADDRESS
2525 HIGHLAND ACRES DR
CLEARWATER FL 33761-1624

Document Number
P01000033808

FEI Number
NONE

Date Filed
03/29/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
11/09/2001

Event Effective Date
NONE

Registered Agent

Name & Address
MCCLAIN, SUSAN 2525 HIGHLAND ACRES DR CLEARWATER FL 33761-1624

Officer/Director Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date	Intangible Tax