

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020412

1. Entity Name

MACE-KINGSLEY CLEARWATER, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90240 004 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1524 SMALLWOOD CIRCLE 1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615 CLEARWATER FL 33755-5449

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 NOT APPLICABLE 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
KINGSLEY, CAROL
1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615
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, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINGSLEY, CAROL		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, GREG		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHONESSON, SEAN		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHONESSON, LISA		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVRIN, JEFF		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICH, ARLENE		NAME		
STREET ADDRESS	1524 SMALLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)