2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000061799** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name PINELLAS PROPERTIES, INC. 04-12-2000 90147 026 ***150.00 Principal Place of Business Mailing Address P.O. BOX 28214 1100 CLEVELAND STREET, STE. 839 KENNETH CITY FL 33709-8214 **CLEARWATER FL 34615-4853** 2. Principal Place of Buşiness 3. Mailing Address 4920 15 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2 Applied For City & State City & State 4. FEI Number 59-3459837 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>SHIMNSHONI, MIKE</u> - Street-Address (P.O.-Box-Number-is-Not-Acceptable)-6057 49TH AVE N ST PETERSBURG FL 33709 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. vice President **PVTS** Delete TITLE Addition TITLE NAME ZEEV, SHARON NAME mike shimsHori 6057 44 the north STREET ADDRESS STREET ADDRESS 2007 ALPINE RD #23 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** TITLE ☐ Delete ZEEV, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 2007 ALPINE RD #23 CITY-ST-7/P CITY-ST-ZIP **CLEARWATER FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

MONWOOD WATER OF SIGNING OFFICER OR DIRECTOR

4-4-2000

(727)545-0206