

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41762

1. Entity Name

PUBLIC WORKS ACADEMY, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90022 012 ****61.25

Principal Place of Business
301 4TH ST. S.W.
P.O. BOX 2942
LARGO FL 33770

Mailing Address
301 4TH ST. S.W.
P.O. BOX 2942
LARGO FL 33770-3536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3048269** Applied For ☒ Not Applicable

Zip Country

Zip Country

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

SWALES, WILLIAM E
301 4TH ST., S.W.
LARGO FL 33770

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 *William E. Swales*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-2000

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	S	<input type="checkbox"/> Delete
NAME	SWALES, WILLIAM E	
STREET ADDRESS	301 4TH STREET S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	BOH	<input type="checkbox"/> Delete
NAME	BROTHERTON, ROBERT H	
STREET ADDRESS	P.O. BOX 1348 N/A	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUBALA, CHRIS A	
STREET ADDRESS	P. O. BOX 296 N/A	
CITY-ST-ZIP	LARGO FL 33779-0296	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECARO, JERRY	
STREET ADDRESS	22211 US HWY 19 N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, THOMAS	
STREET ADDRESS	17757 U.S. HIGHWAY 19 N.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COTTRELL, LARRY	
STREET ADDRESS	1744 NINTH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE DCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADD - D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADD - DCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE - VD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADD - VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE - D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William E. Swales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000 727-588-6012
Date Daytime Phone #

CR2E037 (9/99)