

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90827 011 ****61.25

DOCUMENT # N41762

1. Entity Name

PUBLIC WORKS ACADEMY, INC.



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**

11000933



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

901-34TH STREET So.

3. Mailing Address

901-34TH STREET So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

ST. PETERSBURG

Zip

33711

Country

USA

Zip

33711

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

SWALES, WILLIAM E.

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

901-34TH STREET SOUTH

City

ST. PETERSBURG

FL

Zip Code

33711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------|-----------------------------|--|--|------|----------------|-------------|
| | S | SWALES, WILLIAM E | 301 4TH STREET S.W. LARGO FL 33770 | <input type="checkbox"/> Delete | | | |
| | D | BROTHERTON, ROBERT H | P.O. BOX 1348 N/A DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Delete | | | |
| | DCH | KUBALA, CHRIS A | P. O. BOX 296 N/A LARGO FL 33779-0296 | <input type="checkbox"/> Delete | | | |
| | VD | DECARO, JERRY | 22211 US HWY 19 N. CLEARWATER FL | <input type="checkbox"/> Delete | | | |
| | D | JOHNSON, GARY A | 1650 N ARCTURAS AVENUE CLEARWATER FL 33758 | <input type="checkbox"/> Delete | | | |
| | TD | COTTRELL, LARRY | 1744 NINTH AVENUE N ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete | | | |

CR2E037 (10/02)

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:

William E. Swales

1/8/03 (727) 893-2500