

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576863

Entity Name
ZEE OF PINELLAS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90081 040 ***150.00

Principal Place of Business

50 GRASSY KEY LANE
NAPLES FL 34114

Mailing Address

250 GRASSY KEY LANE
NAPLES FL 34114

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1899439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLER, HELEN L.
250 GRASSY KEY LANE
NAPLES FL 34114

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

FILE NAME PS
HELLER, SAMUEL C
STREET ADDRESS 250 GRASSY KEY LANE
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

FILE NAME S
HELLER, HELEN L.
STREET ADDRESS 250 GRASSY KEY LANE
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

FILE NAME V
HELLER, SAMUEL III
STREET ADDRESS 250 GRASSY KEY LANE
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

FILE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

FILE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

FILE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

3. 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 (9/01)