

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684585

1. Entity Name  
AIM REALTY OF PINELLAS COUNTY, INC.

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90081 017 \*\*\*150.00

8

Principal Place of Business

Mailing Address

600 BYPASS DR. #102  
CLEARWATER FL 34624

600 BYPASS DR. #102  
CLEARWATER FL 34624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

600 BYPASS DR #111

600 BYPASS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 111

SUITE # 111

City & State

City & State

CLEARWATER, FL.

CLEARWATER, FL.

Zip

Country

Zip

Country

33764

USA

33764

USA

4. FEI Number 59-2026666

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

SAMSON, FRANCES W.  
1831 AUDUBON DR.  
CLEARWATER FL 34624

Name

HEALEY, FRANCES W.

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

1831 AUDUBON DR.

City

CLEARWATER FL

Zip Code

33764

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 FRANCES W. HEALEY, Frances W Healey DATE 2/1/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STP  
HEALEY, FRANCES W  
1831 AUDUBON DR  
CLEARWATER FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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:

FRANCES W. HEALEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

727-442-7530

Daytime Phone #

CR2E034 (10/00)