

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 716092

FILED
Mar 03, 2003
Secretary of State

Entity Name: COORDINATED CHILD CARE OF PINELLAS, INC.

Current Principal Place of Business:

6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK, FL 34665 US

Current Mailing Address:

6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK, FL 34665 US

New Principal Place of Business:

6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK, FL 33781 US

New Mailing Address:

6698 68TH AVENUE NORTH
SUITE B
PINELLAS PARK, FL 33781 US

FEI Number: 59-1295214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOLEY, GUY M.
6698 68TH AVENUE NORT
SUITE B
PINELLAS PARK, FL 34665 US

Name and Address of New Registered Agent:

COOLEY, GUY M.
6698 68TH AVENUE NORT
SUITE B
PINELLAS PARK, FL 33781 US

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:

03/03/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, MYRON M. DR.
Address: 10830 NAVAJO DR.
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: V () Delete
Name: VITUCCI, JUDI
Address: P.O. BOX 7470
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: HARRIS, CLARETHA
Address: 400 CLEVELAND STREET, 5TH FLOOR
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: CARLSON, SUSAN,
Address: 150 2ND AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: V () Delete
Name: RIEMAN, LORETTA
Address: PO BOX 1121
City-St-Zip: ST PETERSBURG, FL 33731

Title: D () Delete
Name: HEVERLY, CATHY
Address: 3301 JACKSON STREET N
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FINLAW-DUSSEAUT, SUSAN
Address: 655 SECOND AVE S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RIEMAN, LORETTA
Address: PO BOX 1121
City-St-Zip: ST PETERSBURG, FL 33731

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FINLAW-DUSSEAUT

S

03/03/2003

Electronic Signature of Signing Officer or Director

Date

DIANA DICKSON - DIRECTOR
535 20TH AVE NE
ST PETERSBURG, FL

DIANA DICKSON - DIRECTOR
535 20TH AVE NE
ST PETERSBURG, FL