

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90125 033 \*\*\*\*61.25

**DOCUMENT # 716302**

1. Entity Name

**THE COLUMBIAN CORPORATION OF CLEARWATER**

Principal Place of Business

512 S LINCOLN AVE  
 P.O. BOX 4745  
 CLEARWATER FL 33-7564  
 US

Mailing Address

512 S LINCOLN AVE  
 P.O. BOX 4745  
 CLEARWATER FL 33-7564  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1033544**

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

**SIMEONI, SERBO C**  
**33920 U.S. 19 NORTH**  
**SUITE 222**  
**PALM HARBOR FL 34684**

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME SIMEONI, SERBO C ☐ Delete  
 STREET ADDRESS 33920 US 19 N., SUITE 222  
 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE PD ☒ Change ☐ Addition  
 NAME SIMEONI, SERBO C.  
 STREET ADDRESS 146 8TH NORTH  
 CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE SD  
 NAME BURDS, KEVIN J ☐ Delete  
 STREET ADDRESS 601 N. HERCULES AVE., #1004  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE SD ☒ Change ☐ Addition  
 NAME BURNS, KEVIN J.  
 STREET ADDRESS 601 P. HERCULES AVE. #1602  
 CITY-ST-ZIP CLEARWATER, FL 33765

TITLE TD  
 NAME BOYLE, BRUCE ☐ Delete  
 STREET ADDRESS 1321 FRIEND AVE  
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE TD ☒ Change ☐ Addition  
 NAME BOYLE, BRUCE  
 STREET ADDRESS 1635 PINE STREET  
 CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VP  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
 NAME BOYLE, BRUCE  
 STREET ADDRESS 1321 FRIEND AVE  
 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition  
 NAME VIDALES, JOSE  
 STREET ADDRESS 811 14TH AVE S  
 CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 727-449-1589

CR2E037 (9/01)