

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719237

1. Entity Name

LOWER PINELLAS REACT TEAM, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90549 003 ****61.25

Principal Place of Business

Mailing Address

2022-2ND AVENUE NORTH
ST. PETERSBURG FL 33713

2022-2ND AVENUE NORTH
ST. PETERSBURG FL 33713-8806

2. Principal Place of Business

3. Mailing Address

P.O. Box 389

P.O. Box 17024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OLD TOWN, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

32680-0389

USA

FL 33733-7024

USA

4. FEI Number

59-6202756

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

MOCCIA, SANDRA T.
2022-2ND AVENUE NORTH
ST. PETERSBURG FL 33713

P.O. Box 389
OLD TOWN, FL
32680-0389

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.

SANDRA T. MOCCIA

SIGNATURE

Sandra T. Moccia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 2000

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 V ☒ Delete
NAME STEPHENS, ELIZABETH
STREET ADDRESS 11650 8TH LANE N #5
CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☐ Delete
NAME LOMBARDO, RAY
STREET ADDRESS 3910 ALABAMA AVE NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE PD ☐ Delete
NAME MOCCIA, ALBERT J., JR.
STREET ADDRESS 2022-2ND AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ Delete
NAME CHENEY, RON
STREET ADDRESS 3545 18TH ST N
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☒ Delete
NAME MORROW, RHODENA
STREET ADDRESS 2363 DARTMOUTH AVE. N.
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE S ☐ Delete
NAME MOCCIA, SANDRA T
STREET ADDRESS 2022-2ND AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☐ Change ☒ Addition
NAME SHANER, Kim
STREET ADDRESS 8501-52nd St. N, APT. 6I
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE V ☒ Change ☐ Addition
NAME LOMBARDO, RAY
STREET ADDRESS 2594-1/2 32nd AVE. N.
CITY-ST-ZIP ST PETERSBURG, FL 33713

TITLE PD ☒ Change ☐ Addition
NAME MOCCIA, ALBERT J., JR
STREET ADDRESS P.O. Box 389
CITY-ST-ZIP OLD TOWN, FL 32680-0389
(This is legal address)

TITLE D ☒ Change ☐ Addition
NAME CHENEY, RON
STREET ADDRESS HC5 BOX 954
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D ☒ Change ☐ Addition
NAME STEPHENS, ELIZABETH
STREET ADDRESS 3600 OAK MANOR LANE #2
CITY-ST-ZIP LARGO, FL 33774

TITLE S ☒ Change ☐ Addition
NAME MOCCIA, SANDRA T.
STREET ADDRESS P.O. Box 389
CITY-ST-ZIP OLD TOWN, FL 32680-0389
(legal address)

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: *SANDRA T. MOCCIA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-727-822-8434 ext

4/22/2000 1-352-542-0252