

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90112 039 ****61.25

DOCUMENT # 730930

1. Entity Name

PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Principal Place of Business

Mailing Address

615 S. MISSOURI AVENUE
 STE. A
 CLEARWATER FL 33756
 US

P.O. BOX 62
 CLEARWATER FL 33757

2. Principal Place of Business

11621 Seminole Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

4. FEI Number

59-1693382

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

Country

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

REIMANN, AMY
 3894 TAMPA ROAD
 OLDSMAR FL 34677

Name

Paul Crevello

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

11621 Seminole Blvd.

City

Seminole

FL

Zip Code

33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Paul F. Crevello

9/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 ☐ Delete
 NAME D
 STREET ADDRESS CREVELLO, PAUL F
 CITY-ST-ZIP 11621 SEMINOLE BLVD.
 SEMINOLE FL 33708

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS TOWNSEND, DEMARCY
 CITY-ST-ZIP 2002 N. LOIS AVENUE, #400
 TAMPA FL 33607

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHEPARD, GARY
 CITY-ST-ZIP 615 S. MISSOURI AVENUE #1
 CLEARWATER FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS REIMANN, AMY
 CITY-ST-ZIP 3894 TAMPA ROAD
 OLDSMAR FL 34677

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LAKE, SCOTT E
 CITY-ST-ZIP 615 S MISSOURI AVE #1
 CLEARWATER FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DUNCAN, CRAIG
 CITY-ST-ZIP 2745 SR 580 #101
 CELARWATER FL 33761

TITLE ☐ Change ☐ Addition
 NAME
 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] SIGNATURE REQUIRED

9/10/02

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