

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90127 006 ****61.25

DOCUMENT # 737927

1. Entity Name

SOLVE OF PASCO COUNTY, FLORIDA, INC.

Principal Place of Business

**6102 INDIANA AVE
 NEW PORT RICHEY FL 34653
 US**

Mailing Address

**6102 INDIANA AVE
 NEW PORT RICHEY FL 34653
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

West Pasco

Zip

Country

4. FEI Number

59-2769003

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

**O'CONNOR, RITA M
 7301 JASMINE BLVD
 NEW PORT RICHEY FL 34668**

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 **RS** ☒ Delete
 NAME **ROSARIO, MARIANNE**
 STREET ADDRESS **6230 KELLER DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **BETTIE SCHUMAN** ☒ Change ☐ Addition
 NAME **7540 CADIZ**
 STREET ADDRESS **NEW PORT RICHEY, FL. 34653**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **DUSTEN, MARIE**
 STREET ADDRESS **3806 SABLEWOOD DR.**
 CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **PD** ☒ Delete
 NAME **O'CONNOR, RITA**
 STREET ADDRESS **7301 JASMINE BOULEVARD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **MARGARET GAZEL** ☒ Change ☐ Addition
 NAME **4449 TERRY LOOP**
 STREET ADDRESS **NEW PORT RICHEY, FL. 34652**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **MADURA, STELLA**
 STREET ADDRESS **7748 CHERRY TREE LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **EDNA MAY** ☒ Change ☐ Addition
 NAME **11530. WHITE OWL LANE**
 STREET ADDRESS **PORT RICHEY, FL. 34668**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **O'CONNOR, RITA M.**
 STREET ADDRESS **7301 JASMINE BLVD.**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **CS** ☐ Delete
 NAME **DORIS KEANE**
 STREET ADDRESS **3807 CEDARWOOD DRIVE**
 CITY-ST-ZIP **HOLIDAY, FL. 34691**

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:

Rita M O'Connor

2/28/02

727-863-2295

CR2E037 (9/01)