

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749893

1. Entity Name

CAREER OPTIONS OF PINELLAS, INC.

Principal Place of Business

13770 58TH STREET NORTH  
#304  
CLEARWATER FL 33760

Mailing Address

13770 58TH STREET NORTH  
#304  
CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 316

Suite, Apt. #, etc.

# 316

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1982714

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAUSCHT, GEORGIANNA  
6101 - 33RD AVE N.  
SAINT PETERSBURG FL 33710

correct spelling -

7. Name and Address of New Registered Agent

Name TRAUSCHT, GEORGIENNE

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

*Georgienne Trauscht* GEORGIENNE TRAUSCHT

1/19/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, BUZZ 1230 S. MYRTLE AVE -STE. 102 CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REAGIN, LESLIE D. 720 BLUFF VIEW DRIVE LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED COX, DIANNE S. 10740 HILLTOP DR. NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOYUTIS, BARBARA 5501 BATES ST. SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TRAUSCHT, GEORGIENNE 6101- 33RD AVE N. SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ALBERT 1230 S. MYRTLE AVENUE, SUITE 102 CLEARWATER FL 33756	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, ROBERT JR. 1237 S. Myrtle Ave., Ste 301 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Reagin, Leslie D. 1230 South Myrtle Ave., Ste 202 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLYAU, ERNEST 2306 7th Ave. So. St. Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Georgienne Trauscht*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGIENNE TRAUSCHT

1/19/01

727-524-4321

Date

Daytime Phone #

X 3018

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE