

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750359

1. Entity Name

PICKFORD SQUARE ASSOCIATION, INC.

Principal Place of Business

780 DELTONA BOULEVARD
SUITE 103
DELTONA FL 32725

Mailing Address

780 DELTONA BOULEVARD
SUITE 103
DELTONA FL 32725

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANUS V. CHARLES M.
780 DELTONA BLVD.
SUITE 103
DELTONA FL 32725

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW: FEE IS \$81.25

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

PD
HANUS V. CHARLES M.
780 DELTONA BLVD. #103
DELTONA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
HANUS, HILARY S.
780 DELTONA BLVD. #103
DELTONA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SCOLARO, VINCENT
780 DELTONA BLVD., #102
DELTONA FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Frederick E. Pertler - D
1173-E. Page Dr.
Deltona, FL 32725

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Charles M. Hanus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

386-574-5652

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-23-2002 90014 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)