

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90119 011 ****61.25

DOCUMENT # 757598

1. Entity Name

P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 2507
LARGO FL 33779
US

Mailing Address

P.O. BOX 2507
LARGO FL 33779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2099496**

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

KESSINGER, DAVE

**610 FRANKLIN STREET
CLEARWATER FL 33758**

Name

STEVE STRONG

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

1042 VIRGINIA ST.

-727-298-3103

City

DUNEDIN

FL

Zip Code

34698

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, 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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D LUTH, KEN
10750 ULMERTON RD
LARGO FL 33778**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D ED. MULLINS
11195 70TH AVE N.
SEMINOLE FL. 33772**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D WARREN, THOM
11195 70TH AVE N
SEMINOLE FL 33772**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D ED. MULLINS
11195 70TH AVE N.
SEMINOLE FL. 33772**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TS STRONG, STEVE
1042 VIRGINIA ST
DUNEDIN FL 34698**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TS JOEL WT. GRAY
610 FRANKLIN ST
CLEARWATER FL. 33756**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P KESSINGER, DAVE
610 FRANKLIN STREET
CLEARWATER FL 33758**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P STEVE STRONG
1042 VIRGINIA ST.
DUNEDIN FL. 34698**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D ST CLAIR, RANDY
8800 N DALE MABRY #228
TAMPA FL 33614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP DEBEL, JOHN
645 PIERCE ST
CLEARWATER FL 33752**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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)(f), 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 REQUIRED STRONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-298-3103

Daytime Phone #

CR2E037 (4/03)