2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761802

1. Entity Name

PARK EAST OF PINELLAS PARK, INC.

Principal Place of Business 5117 70TH PLACE N. PINELLAS PARK FL 33781

Mailing Address

5650 PARK BLVD SUITE 1

PINELLAS PARK FL 33781

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90202 032 ****61.25



2. Principal P	Principal Place of Business 3. Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Numbe	59-2445190	<u> </u>	plied For t Applicable	
Zip Country		Zip Country		5. Certificate	5. Certificate of Status Desired			
. =	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered A	gent		
	Name							
FRED H HALE 5650 PARK BLVD STE 1 PINELLAS PARK FL 33781			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL			e	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered agent, or bot	th, in the state of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees	Make Check Payable to Department of State)	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND DIF	ECTORS IN	10	
TITLE	P/D	☑ Delete	TITLE	P/D		Change	Addition	
NAME	ADAMS, LEE		NAME	DENA VALD	EZ			
STREET ADDRESS	5132 70TH PLACE N		STREET ADDRESS	5030 70TH	I PLACE N			
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP	PINELLAS	PARKE FL 3378	31		
TITLE	VPD	ے Delete	TITLE	VPD		Change	Addition	
NAME	VALDEZ, DIENA	23 0000	NAME	ANDREW CA	RINI			
STREET ADDRESS	5030 70TH PLACE N		STREET ADDRESS		PLACE_N.			
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP	PINELLAS		1		
TITLE	SD	Delete .	TITLE	SD		☐ Change	Addition	
NAME	CRANS, GERALDINE	12 Dointo	NAME	SHARON WI	ጥጀለ			
STREET ADDRESS	5107 70TH PLACE N	A)	STREET ADDRESS		I PLACE N.			
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP	PINELLAS		21		
TITLE	TD	Delete	TITLE		FARA, FL 33/C	Change	Addition	
NAME	THOMAS, FLORENCE	LEJ DOIGIO	NAME	TD	muow.	_ '		
STREET ADDRESS	5015 70TH PL N		STREET ADDRESS	FLORENCE				
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP		PLACE N.		-3	
TITLE	, 11 44 14 17 11 1 1 4 1 1 1 1 1 1 1 1 1	Delete	TITLE	PINELLAS	PARK, FL 3376	3-1 Change	Addition	
NAME		T Ocicie	NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
		☐ Delete	TITLE	<u> </u>	1.0.00	Change	Addition	
TITLE NAME	[L Delete	NAME					
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP	İ		CITY-ST-ZIP					
OFF OF AIR	i .		- O OI LI	1				

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:

525-4709