

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90051 009 \*\*\*150.00

**DOCUMENT # F99000002206**

1. Entity Name  
**GP PINELLAS, INC.**

Principal Place of Business  
**ATTENTION: PAUL GARCIA, PRESIDENT**  
**1 SIERRAGATE PLAZA, SUITE C-275**  
**ROSEVILLE CA 95678**

Mailing Address  
**ATTENTION: PAUL GARCIA, PRESIDENT**  
**1 SIERRAGATE PLAZA, SUITE C-275**  
**ROSEVILLE CA 95678**

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 **68-0418900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**WILLIAMS, AMBER F ESQUIRE**  
**% SOUTHPORT FINANCIAL SERVICES**  
**3000 GULF-TO-BAY BOULEVARD, SUITE 300**  
**CLEARWATER FL 33759**

## 7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME	<b>PD GARCIA, SUE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1 SIERRAGATE PLAZA - C-275 ROSEVILLE CA 95678</b>	
TITLE NAME	<b>TSC PAGE, J. DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1911 65TH AVE. W. TACOMA WA 98466</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Paul Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/11/02 916 781 7883**

CR2E034 (9/01)