2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # H21222** Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** J.M. PINELLAS PROPERTIES, INC. 03-14-2000 90081 004 ***150.00 Principal Place of Business Mailing Address % JOHN W. MERCER % JOHN W. MERCER 1675 STARKEY RO 1675 STAPHEY RD LARGO FL 33771-6453 76176009 LARGO_FL 34641-3167 3. Mailing Address 2. Principal Place of Business Cove ane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE earwat Applied For City & State 4. FEI Number City & State 59-2447441 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent mereer (P.O. Box Number is Nor Acceptable) MERCER, JOHN W. 1675 STARKEY ROAD **LARGO FL 33541** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **Change** TITLE TITLE ☐ Delete CHAPMAN, SHARON MERCER NAME NAME 205 Orangewood Cane STREET ADDRESS STREET ADDRESS 1675 STARKEY ROAD CITY-ST-ZIP CITY-ST-7(P LARGO FL ☐ Delete TITLE TITLE MERCER, LILLIAN M. NAME NAME STREET ADDRESS 1675 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LARGO FL Delete TITLE MERCER, JOHN W. NAME NAME STREET ADDRESS 1675 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL DHE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

13. 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 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.
3-9-200 1727-58/-

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Kand TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS
