

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27112

1. Entity Name

PINEDA INN, INC.

Principal Place of Business

Mailing Address

6533 S US HWY 1  
ROCKLEDGE FL 32955  
US

6533 S US HWY 1  
ROCKLEDGE FL 32955-5750  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2717286

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WICKLUND, MARY M  
915 OSPREY DRIVE  
MELBOURNE FL 32940

Name JAMES J. HAMARA

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

11 BARBARA COURT

City SATTELLITE BEACH 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 *James J. Hamara* SECRETARY 4-25-00  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WICKLUND, MARY M	
STREET ADDRESS	915 OSPREY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWMAN, JAMES	
STREET ADDRESS	4263 N. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NICLAS, LINNEA	
STREET ADDRESS	920 BEAVERDALE LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMARA, JAMES J	
STREET ADDRESS	378 MARION ST	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAMIS, TERRY	
STREET ADDRESS	4854 VERONA CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN JAMES	
STREET ADDRESS	4263 N. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOX DEBORAH	
STREET ADDRESS	173 E. EXETER ST.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, KENNETH	
STREET ADDRESS	1965 BARKLEY AVE.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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.

SIGNATURE: *James J. Hamara* JAMES J. HAMARA 4-25-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
321-357-3527



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)