

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90133 045 \*\*\*150.00

**DOCUMENT # J83021**

1. Entity Name

**FIRST STATE BANK OF PINELLAS**

Principal Place of Business

Mailing Address

2ND AVE NORTH  
ST. PETERSBURG FL 33701201 2ND AVE NORTH  
ST. PETERSBURG FL 33701-3317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2859086**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DUSIL, JAMES E**  
**201 2ND AVE NORTH**  
**ST. PETERSBURG FL 33701**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D/C	SPRIGGS, A.G.	264 SARATOGA CT	OSPREY FL 34229	<input checked="" type="checkbox"/>
D	ARNOLD, PATRICK L	5798 SANDY POINTE DR	SARASOTA FL 34233	<input type="checkbox"/>
P	DUSIL, JAMES E	1944 ARVIS CIRCLE EAST	CLEARWATER FL 33764	<input type="checkbox"/>
DVC	RUTLAND, NANCY E	305 17TH AVE., NORTH	ST. PETERSBURG FL 33704	<input type="checkbox"/>
D	ADCOCK, LOUIE N JR	ONE BEACH DRIVE SE, STE #2714	ST PETERSBURG FL 33701	<input type="checkbox"/>
D	BAYNARD, LESTER	128 15TH AVENUE NORTH	ST. PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/C	THOMAS W. WRIGHT	1517 DIEDRICH RD	RUSSELL, KY 41169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	J.C. FELIX	5950 PELICAN BAY PLAZA	GULFPORT, FL 33707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	THOMAS E. MCLEAN, SR	1339 43RD AVENUE NORTH	ST. PETERSBURG, FL 33703	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	LLOYD S. BANKS	3733 MCKAY CREEK DR.	LARGO, FL 33770	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	MARY J. MIRTO	5321 CALLE DELA SIESTA	SIESTA KEY, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

727-896-2800

Daytime Phone #

CR2E034 (9/99)