

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54865

1. Entity Name

CURTIN & PEASE/PENECO, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90077 041 ***150.00

Principal Place of Business

1022 MAIN STREET, SUITE A
P.O. DRAWER 1588
DUNEDIN FL 34698

Mailing Address

1022 MAIN STREET, SUITE A
P.O. DRAWER 1588
DUNEDIN FL 34698-5237

2. Principal Place of Business

9423 Corporate Lake Dr

Suite, Apt. #, etc.

3. Mailing Address

9423 Corporate Lake Dr

Suite, Apt. #, etc.

City & State

Tampa FL

Zip
33634

Country
USA

City & State

Tampa FL

Zip
33634

Country
USA

4. FEI Number

36-3623544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROBERT F. 1022 MAIN ST., SUITE A DUNEDIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VICE, PRESTON L. 1100 SUPERIOR AVENUE CLEVELAND OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMELLA, DANIEL 1100 SUPERIOR AVE CLEVELAND OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KEMP, THOMAS L 1100 SUPERIOR AVE CLEVELAND OH 44114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, PAMELA E. 1022 MAIN ST., SUITE A DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEWCASKIE, STEPHEN J 1022 MAIN ST, SUITE A DUNEDIN FL 34698	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wilson, Robert F 9423 Corporate Lake Dr Tampa FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Marino, Carl 9423 Corporate Lake Dr Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas, Michael 9423 Corporate Lake Dr Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Vincent, Tyrone 9423 Corporate Lake Dr Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wright, Kevin 9423 Corporate Lake Dr Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Robert F Wilson
President/CEO

5/01/00

Date

813-490-4000

Daytime Phone #

CR2E034 (9/99)