

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85989

1. Entity Name

AMERICAN LEAK DETECTION OF PINELLAS COUNTY, FLOR

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91317 033 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O HENRY J. MCWHITE  
6822 22ND AVENUE N., SUITE 416  
ST. PETERSBURG FL 33710

C/O HENRY J. MCWHITE  
6822 22ND AVENUE N., SUITE 416  
ST. PETERSBURG FL 33710

2. Principal Place of Business

5883 LYNN LAKE DR. S

3. Mailing Address

P.O. Box 12742

Suite, Apt. #, etc.

H

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33712

Country

Zip

33733

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3016988

Applied For

Not Applicable

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

MCWHITE, HENRY J.

~~6822 22ND AVENUE N.~~

~~SUITE 416~~

~~ST. PETERSBURG FL 33710~~

Name

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

5883 H LYNN LAKE DR. S

City ST. PETERSBURG

FL

Zip Code

33712

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, 2001 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 type="checkbox"/> Delete
NAME	MCWHITE, HENRY J.	
STREET ADDRESS	1560 CARROLL ST.	
CITY-ST-ZIP	CLW FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCWHITE, HENRY J.	
STREET ADDRESS	1560 CARROLL ST.	
CITY-ST-ZIP	CLW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5883 H LYNN LAKE DR. S
CITY-ST-ZIP	ST. PETERSBURG, FL.
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)