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## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

DOCUMENT # L95396  1. Entity Name					Secretary of State			
DETWEILI	ER'S GAS OF PINELLAS COL	UNTY, INC.			01-25-2002 90012	042 ***150	0.00	
Principal Place of Business P O BOX 5131 LARGO FL 33779-5131		Mailing Address P O BOX 5131 LARGO FL 33779-5131						
2. Principal Place of Business		3. Mailing Address			2 HOEFIERS OF DESIGN ASSOCIATION SECTION BY BURN SCOTT BROSS SECTION ASSOCIATION			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-3023960</b>	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Registere	•		
PERMITURE MANEE				Name				
DETWEILER, JAMES 15555 BRISTOL CIRCLE EAST			Street	Street Address (P.O. Box Number is Not Acceptable)				
ČLEARWA	TER FL 33764							
			City		F	Zip Code	e	
Tax filing requirement and elects to do so After May			W!!! FEE IS \$150.00 2002 Fee will be \$550.00 able to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI		12.	AD	DDITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETWEILER, JAMES 15555 BRISTOL CIRCLE E. CLEARWATER FL 33764	∟ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DETWEILER, REBECCA J 15555 BRISTOL CIR E CLEARWATER FL 33764	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DETW 15555 I	BRISTOL CIR. E. WATER FL 3376	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNING, FRED R 733 PINECREST DR LARGO FL 33764	_ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DETWEILER, REBECCA J 1555 BRISTOL CIR E CLEARWATER FL 33764	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is troporation of the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that the	v signature shall l	have the same	legal effect as if made under oath; that	I am an officer	or director	