

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66930

1. Entity Name

HARD BODIES OF PINELLAS PARK, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90094 021 ***150.00

Principal Place of Business

Mailing Address

9208 ULMERTON ROAD
LARGO FL 34641
US

9208 ULMERTON RD
LARGO FL 33771-3729
US

2. Principal Place of Business

P.O. Box 41211
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 41211
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Pete FL

City & State

St. Pete, FL

4. FEI Number

59-2871519

Applied For

Not Applicable

Zip

33740

Country

USA

Zip

33743

Country

USA

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

GINA GRILLO
9208 ULMERTON ROAD
LARGO FL 34641

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: PST
STREET ADDRESS: GRILLO, GINA
CITY-ST-ZIP: 9208 ULMERTON RD
LARGO FL

☐ Delete

TITLE
NAME: Pres
STREET ADDRESS: Gina Grillo Fepla
CITY-ST-ZIP: 17200 Burlington Av. N.
St. Pete FL 33710

☒ Change ☐ Addition

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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: Gina Grillo Fepla, Pres. 4-24-00 727.3454107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #