2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200008742

1. Entity Name

PINELLAS COMMUNTIY SERVICES, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90453 042 ****70.00

	COMMINION									
7650 GIBRALTER COURT NORTH 7650			Mailing Address 7650 GIBRALTER COURT N ST. PETERSBURG FL 33709	550 GIBRALTER COURT NORTH						
			_							
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address	Suite, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES 4. FEI Number				
			Suite, Apt. #, etc.							
			City & State							7
Zip		Country	Zip	Count	ry	5. Certificate of Star	tus Dosirod	\$8.75 Add	ditional	1
6. Name and Address of Current Registere			Registered Agent			7. Name and Addre	ess of New Registered A			┨
					Name	= 100				1
Joseph, John 7650 Gibralter Court North				Street Address		(P.O. Box Number is Not Acceptable)				$\frac{1}{2}$
	RSBURG FL									$\frac{1}{2}$
-					City		FL	Zip Cod	le	┨
9 The above	named optity	submits this statement fo	r the purpose of changing its	za aista za d	a#iaa aa aa ista	and arrant as both is the		17 21		╛
the obligat	tions of registe	ered agent.						,		
	Signature, typed o	or printed name of registered agent a	and title if applicable. (NOTE	E: Registered A	gent signature required	d when reinstating)	DATE			ĺ
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	Make Check	Pavabla	to	
10.			1		. 🗀	Added to Fees	Florida Depart			
TITLE		OFFICERS AND DIF		11,		Added to Fees		ment of S	State	
	P. 0					Added to Fees	Florida Depart	ment of S	State	3
NAME	P.D Mclend		RECTORS	11. TITLE NAME		Added to Fees	Florida Depart	ment of S	State	(10/02)
STREET ADDRESS	Mclend 5291 4	et David 4H Street South	RECTORS Delete	11. TITLE NAME STREET A	ADDRESS	Added to Fees	Florida Depart	ment of S	State	37 (10/02)
STREET ADDRESS CITY-ST-ZIP	Mclend 5291 4 SAINT I		RECTORS Delete	11. TITLE NAME STREET A CITY-ST	ADDRESS	Added to Fees	Florida Depart	ment of \$ RECTORS IN ☐ Change	State I 10 Addition	2F037 (10/02)
STREET ADDRESS CITY-ST-ZIP TITLE	Mclend 5291 4 SAINT I S.D	et David 4H Street South Petersburg, FL 3	RECTORS Delete	11. TITLE NAME STREET A CITY-ST	ADDRESS	Added to Fees	Florida Depart	ment of S	State	CB2F037 (10/02)
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Mclend 5291 4 5AINT I 5:D CANFICLO	et, David 4H Street South Peters burg, FL 3 I, Mark	RECTORS Delete	11. TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS ZIP	Added to Fees	Florida Depart	ment of \$ RECTORS IN ☐ Change	State I 10 Addition	CB2F037 (10/02)
STREET ADDRESS CITY-ST-ZIP TITLE	Mclend 5291 4 <u>SAINT I</u> SID CANFICIO 1846 76	ct, David 14th Street South Peters buck, FL 3 1, Mark # Auc North	Delete 37// Delete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A	ADDRESS ZIP ADDRESS	Added to Fees	Florida Depart	ment of \$ RECTORS IN ☐ Change	State I 10 Addition	CR2F037 (10/02)
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIANTE TENEDO BETTERS UR

☐ Delete

1/21/2003 (727)548-1239

70.2

Addition

☐ Change