

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08971

1. Entity Name

PINEWOOD MOBILE ASSOCIATION, INC.

Principal Place of Business

10441 GANDY BLVD.
ST PETERSBURG FL 33716
US

Mailing Address

10441 GANDY BLVD.
ST PETERSBURG FL 33702-2307
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2669973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT N.
10901 POPLAR ST. NE
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name JANET REESE

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

10881 WALNUT ST. N.E.

City ST PETERSBURG

FL

Zip Code 33716

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 JANET REESE

Signature, typed or printed name of registered agent and title if applicable.

Janet Reese

(NOTE: Registered Agent signature required when reinstating)

2/18/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILSON, SUE ANN
STREET ADDRESS 10901 POPLAR ST. NE.
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE P ☐ Delete
NAME SCHUTZ, ROBERT
STREET ADDRESS 10764 POPLAR ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D ☒ Delete
NAME DEARS, MYRA
STREET ADDRESS 10715 POPLAR ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE D ☐ Delete
NAME MAGNUSON, GLENN
STREET ADDRESS 10795 WALNUT ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE VP ☐ Delete
NAME THOMAS, FRANK
STREET ADDRESS 10506 WALNUT ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE S ☐ Delete
NAME RICHARDS, MARGARET
STREET ADDRESS 10930 WALNUT ST. NE
CITY-ST-ZIP ST. PETERSBURG FL 33716

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME CHARLES SANDERS
STREET ADDRESS 10515 POPLAR ST NE
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME JOANNE M. OBERST
STREET ADDRESS 10908 POPLAR ST. NE
CITY-ST-ZIP ST PETERSBURG FL 33716

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.

SIGNATURE: *Robert Aschuta* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

727-570-9976

Daytime Phone #

CR2E037 (9/99)