

2002 UNIFORM BUSINESS REPORT (UBR)

3/28

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90122 031 ****61.25

DOCUMENT # N46797

1. Entity Name

KEEP PINELLAS COUNTY BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

37560 US 19 NORTH
PALM HARBOR FL 34684
US

P O BOX 901
TARPON SPRINGS FL 34688-0901
US

2. Principal Place of Business

226 E. Tarpon Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs FL
Zip 34689 Country USA

City & State

Zip

Country

4. FEI Number

65-0309717

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

MILANO, MAUREEN
37560 US 19 NORTH
PALM HARBOR FL 34684

Name

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

226 E. Tarpon Ave

City

Tarpon Springs

FL

Zip Code

34689

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

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 CD
NAME MCCANN, WILLIAM
STREET ADDRESS 37560 US 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE STD
NAME DOVE, SUSAN
STREET ADDRESS 37560 US 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE D
NAME STORY, MARY
STREET ADDRESS 37560 US 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE D
NAME JAMES, ERIC
STREET ADDRESS 37560 US 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE D
NAME CANNISTRARO, ROSARIO
STREET ADDRESS 37560 US 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Daytime Phone #

CPRE037 (9/01)