

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003542

1. Entity Name

PINELLAS COUNTY BUSINESS GUILD, INC.

f

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 010 ****61.25

Principal Place of Business

12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624
US

Mailing Address

12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624
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

59-3103136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTHER, CAROL E
1489 S MISSOURI AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name **JOE SOSKA**
Street Address (P.O. Box Number is Not Acceptable)

4828 12TH AVE N.

City **ST PETERSBURG** FL Zip Code **33712**

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

JOE SOSKA

JOE SOSKA

8/29/00

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

After September 13, 2000 min. will be \$236.25

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 **P** ☒ Delete
NAME **LOCKE, JAMES**
STREET ADDRESS **4830 W KENNEDY BLVD, STE 148**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **T** ☒ Delete
NAME **WALTHER, CAROL E**
STREET ADDRESS **1489 S MISSOURI AVE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **D** ☐ Delete
NAME **SMITH, DENNY**
STREET ADDRESS **193 WOODETTE DR**
CITY-ST-ZIP **DUNNEDIN FL**

TITLE **VP** ☐ Delete
NAME **GOODMAN, GARTH**
STREET ADDRESS **535 CENTRAL AVE #412**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **O'CONNOR, RONALD**
STREET ADDRESS **2579 COUNTRYSIDE BLVD**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **D** ☒ Delete
NAME **NAPOLITANO, TOM**
STREET ADDRESS **17117 GULF BLVD #145**
CITY-ST-ZIP **NO. REDINGTON BCH FL 33708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **GARTH GOODMAN**
STREET ADDRESS **535 Central Ave., #412**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **T** ☐ Change ☒ Addition
NAME **JOE SOSKA**
STREET ADDRESS **4828 12TH AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **VP** ☐ Change ☒ Addition
NAME **DAVID A. WALD**
STREET ADDRESS **2272 CITRUS HILL LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☐ Change ☒ Addition
NAME **MIKE WINGLET**
STREET ADDRESS **14004 ROOSEVELT BLVD., SUITE 606**
CITY-ST-ZIP **CLEARWATER, FL 33762**

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

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

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:

JOE SOSKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

727-302-0919

Date

Daytime Phone #

CR2E037 (5/00)