

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000550

1. Entity Name

PASCO BUSINESS CONNECTIONS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90050 013 ****61.25

Principal Place of Business

Mailing Address

2834 US 19
HOLIDAY FL 34691
US

2835 US 19
HOLIDAY FL 34691-2709
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

NOT APPLICABLE

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

KAREL, JOHN
2835 US 19
HOLIDAY FL 34691

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIESGO, MICHAEL G	
STREET ADDRESS	1248 7 SPGS BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, LEROY	
STREET ADDRESS	6941 SR 52	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ADDINO, ANN	
STREET ADDRESS	5940 MISSOURI AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen King	
STREET ADDRESS	5741 Ivy Lane	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ujaval	
STREET ADDRESS	6111 2nd Ave	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chuck Hollweg	
STREET ADDRESS	1408 Floella Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)