

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000001755**

1. Entity Name

**OFFSHORE POWERBOAT ASSOCIATION OF PINELLAS, INC.****FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90098 007 \*\*\*150.00

Principal Place of Business

20505 US HWY. 19 NORTH  
SUITE 502  
CLEARWATER FL 33764  
US

Mailing Address

20505 US HWY. 19 NORTH  
SUITE 502  
CLEARWATER FL 33764  
US

2. Principal Place of Business

**5709 1st Ave. South**

Suite, Apt. #, etc.

3. Mailing Address

**5709 1st Ave. South**

Suite, Apt. #, etc.

City &amp; State

**St. Petersburg, FL**

City &amp; State

**St. Petersburg, FL**

4. FEI Number

**59-3475582**

Applied For

Not Applicable

Zip

**33707**

Country

**USA**

Zip

**33707**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, ELLIOTT M  
20505 US HWY. 19 NORTH  
SUITE 502  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

**Sean Trainor**

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

**5709 1st Ave. South**

City

**St. Petersburg,**

FL

Zip Code

**33707**

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

**Sean Trainor, Pres.****April, 2001**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

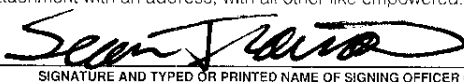
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MATTSON, PETE  
1117 PINELLAS BAYWAY  
TIERRE VERDE FL 33715 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TRAINOR, SEAN  
2836 SKIMMER PT DR  
GULFPORT FL 33707 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
ROSS, ELLIOTT M  
20505 US HWY. 19 NORTH STE 502  
CLEARWATER FL 34624 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Jay Pilini  
127 11th St. East  
Tierra Verde, FL 33715 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sean Trainor****April, 2001****727-347-4905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)