

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003392

FILED  
Jan 25, 2002 8:00 AM  
Secretary of State

Entity Name: PINELLAS COUNTY TRIAD, INC.

## Current Principal Place of Business:

14250 49TH ST NORTH  
#1000  
CLEARWATER, FL 33762

## New Principal Place of Business:

## Current Mailing Address:

790 WEATHERSFIELD DR  
DUNEDIN, FL 34698

## New Mailing Address:

FEI Number: 59-3459574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, ROBERT  
790 WEATHERSFIELD DR  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

ALLAN, SHIPP & DEEB, PA  
6675 13TH AVENUE NORTH  
2C  
ST. PETERSBURG, FL 33710 US

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: LINDA R. ALLAN

01/25/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VITUCCI, GARY  
Address: 11515 BAYSHORE DR  
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete  
Name: CLARK, ROBERT  
Address: 2019 MAGNOLIA DR  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: NORTON, WILLIAM R  
Address: 13452 RIDGELAND DR  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLARK, ROBERT  
Address: 790 WEATHERSFIELD DR  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. VITUCCI

D

01/25/2002

Electronic Signature of Signing Officer or Director

Date