

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT# N97000003392	
1. Entity Name PINELLAS COUNTY TRIAD, INC.	

Principal Place of Business 14250 49TH ST NORTH #1000 CLEARWATER, FL 33762	Mailing Address 790 WEATHERSFIELD DR DUNEDIN, FL 34698
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02202004 NoChg-NP CR2E037 (10/03)

4. FEI Number 59-3459574	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLAN, SHIPP & DEEB, PA 6675 13TH AVENUE NORTH 2C ST. PETERSBURG, FL 33710	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligation of the registered agent.

SIGNATURE _____	DATE _____
Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required where installing)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VITUCCI, GARY 11515 BAYSHORE DR SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, ROBERT 790 WEATHERSFIELD DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NAWROCKI, MIKE 10750 ULMERTON ROAD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/11/04-80051-016 61.25

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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 in an address, with all other like empowered.	
SIGNATURE <u>GARY VITUCCI</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/5/04</u> Daytime Phone # <u>727-588-6920</u>