

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 90408 042 ****61.25

DOCUMENT # N98000002773

1. Entity Name

PINEAPPLE GROVE ARTWALK, INC.

Principal Place of Business

298 PINEAPPLE GROVE WAY
DELRAY BEACH FL 33444

Mailing Address

279 PINEAPPLE GROVE WAY
DELRAY BEACH FL 33444

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

298 Pineapple Grove Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
Delray Beach, FL.

4. FEI Number

65-0835220

Applied For

Not Applicable

Zip

Country

Zip

Country

33444

Palm Beach

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

6. Name and Address of Current Registered Agent

MINERLEY, KENNETH
990 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **JOHN P. MCKENNA**

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

111 NE 4th ST

City

DELRAY BEACH

FL

Zip Code

33444

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.

JOHN P. MCKENNA, TREASURER

6/11/01

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**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	DP	<input checked="" type="checkbox"/> Delete
NAME	BRANNING, WILLIAM	
STREET ADDRESS	9 NE 2ND ST	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ELIOPOULOULOS, GARY	
STREET ADDRESS	14 NE 4TH AVE	
CITY-ST-ZIP	DELRAY BCH FL 33488	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CONGLIARO, ALDO	
STREET ADDRESS	137 E. ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCKENNA, JOHN	
STREET ADDRESS	279 PINEAPPLE GROVE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BEALE, DAVID	
STREET ADDRESS	172 NE 2ND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aldo Congliaro	
STREET ADDRESS	137 E. Atlantic Avenue	
CITY-ST-ZIP	Delray Beach, FL. 33483	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Stewart	
STREET ADDRESS	105 S. E. 1st Avenue	
CITY-ST-ZIP	Delray Beach, FL. 33444	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Beale	
STREET ADDRESS	355 N. E. 5th Avenue, Ste. 1	
CITY-ST-ZIP	Delray Beach, FL. 33483	
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 REQUIRED

Date 6/11/01 (561) 276-7025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (10/00)