

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-23-2000 90243 017 ****61.25

DOCUMENT # N99000005154

1. Entity Name

PINELLAS NOW, INCORPORATED

Principal Place of Business

P.O. BOX 40612
 ST. PETERSBURG FL 33743-0612

Mailing Address

P.O. BOX 40612
 ST. PETERSBURG FL 33743-0612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

OESTREICH, SANDY
 305 173RD AVE.
 ST. PETERSBURG FL 33708

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

Sandy Oestreich

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

(NOTE: Registered Agent signature required when reinstating)

4/26/2000
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME OESTREICH, SANDY
 STREET ADDRESS P.O. BOX 40612
 CITY-ST-ZIP ST. PETERSBURG FL 33743-0612

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME KUPERSMITH, JUDY
 STREET ADDRESS P.O. BOX 40612
 CITY-ST-ZIP ST. PETERSBURG FL 33743-0612

TITLE VD ☒ Change ☐ Addition
 NAME LINDENBERG, BETH
 STREET ADDRESS PO BOX 40612
 CITY-ST-ZIP ST PETERSBURG FL 33743-0612

TITLE STD ☐ Delete
 NAME FINKLEA, EVELYN
 STREET ADDRESS P.O. BOX 40612
 CITY-ST-ZIP ST. PETERSBURG FL 33743-0612

TITLE ☒ Change ☐ Addition
 NAME THAMILTON, RACHEL
 STREET ADDRESS PO BOX 40612
 CITY-ST-ZIP ST PETERSBURG FL 33743-0612

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SANDY OESTREICH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)