

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005154

1. Entity Name

PINELLAS NOW, INCORPORATED

Principal Place of Business

P.O. BOX 40612
ST. PETERSBURG FL 33473-0612

Mailing Address

P.O. BOX 40612
ST. PETERSBURG FL 33473-0612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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.

SANDY OESTREICH, PRESIDENT

3/14/01

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME OESTREICH, SANDY
STREET ADDRESS P.O. BOX 40612
CITY-ST-ZIP ST. PETERSBURG FL 33473-0612 ☐ Delete

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

TITLE VD
NAME KUPERSMITH, JUDY
STREET ADDRESS P.O. BOX 40612
CITY-ST-ZIP ST. PETERSBURG FL 33473-0612 ☐ Delete

TITLE VD
NAME LINDENBERG, BETH
STREET ADDRESS 1630 14 ST N, ST PETERSBURG FL
CITY-ST-ZIP 33704 ☒ Change ☐ Addition

TITLE STD
NAME FINKLEA, EVELYN
STREET ADDRESS P.O. BOX 40612
CITY-ST-ZIP ST. PETERSBURG FL 33473-0612 ☐ Delete

TITLE TREA
NAME HAMILTON, RACHEL
STREET ADDRESS 11677 PARKVIEW LN, SEMINOLE FL
CITY-ST-ZIP 33772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Sandy Oestreich 127 343-0432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90005 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0062789

Attachment #
N49000005154
521963

Add 6/25
& please
send

ONCE-A-DAY
ZOCOR
(SIMVASTATIN)
THE POWER
TO
SAVE LIVES

For complete details on ZOCOR, please read accompanying Prescribing Information at bottom of pad