

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005154

FILED  
Sep 11, 2002  
Secretary of State

Entity Name: PINELLAS NOW, INCORPORATED

## Current Principal Place of Business:

P.O. BOX 40612  
ST. PETERSBURG, FL 334730612

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 40612  
ST. PETERSBURG, FL 334730612

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONETTI, SHARON J  
13597 RIDGELAND DRIVE  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD (X) Delete  
Name: OESTREICH, SANDY  
Address: P.O. BOX 40612  
City-St-Zip: ST. PETERSBURG, FL 334730612

Title: VD (X) Delete  
Name: LINDENBERG, BETH  
Address: 1630 14 ST N  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD ( ) Delete  
Name: HAMILTON, RACHEL  
Address: 1677 PARKVIEW LANE  
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD ( ) Change (X) Addition  
Name: COLE, CLAUDIA  
Address: 3018 59TH STREET SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: SD ( ) Change (X) Addition  
Name: DIRKSMEYER, CAROL  
Address: 904 PINEVIEW AVE.  
City-St-Zip: CLEARWATER, FL 33756

Title: PD ( ) Change (X) Addition  
Name: HAFLING, MARILYN  
Address: 11740 CURRIE LANE  
City-St-Zip: LARGO, FL 33774

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: CLAUDIA COLE

VD

09/11/2002

Electronic Signature of Signing Officer or Director

Date