

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90116 006 ***150.00

MC0011 AV

DOCUMENT # P00000023208

1. Entity Name
CLEAR TITLE OF PINELLAS, INC.

Principal Place of Business
1100 CLEVELAND STREET, SUITE 1617
CLEARWATER FL 33755

Mailing Address
1100 CLEVELAND STREET, SUITE 1617
CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2401 W. Bay Dr.
 Suite, Apt. #, etc.
Largo, FL
 City & State

3. Mailing Address
2401 W. Bay Dr.
 Suite, Apt. #, etc.
Largo, FL
 City & State

4. FEI Number **59-3632782**
 Applied For
 Not Applicable

Zip **33770** Country **USA**
 Zip **33770** Country **USA**

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

6. Name and Address of Current Registered Agent
LARUE, SCOTT D
1100 CLEVELAND STREET, SUITE 1617
CLEARWATER FL 33755

7. Name and Address of New Registered Agent
 Name **No Change**
 Street Address (P.O. Box Number is Not Acceptable)
2401 W. Bay Dr
 City **Largo** **FL** Zip Code **33770**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARUE, SCOTT D		NAME		
STREET ADDRESS	1100 CLEVELAND STREET, SUITE 1617		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JAMES P		NAME		
STREET ADDRESS	1100 CLEVELAND STREET, SUITE 1617		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott D. Larue **4/26/02** **(727) 443-1436**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)