2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2003 8:00 am

1. Entity Narr	MENT # P01000026 F PINELLAS COUNTY, INC	<i>(</i> (Secretary 07-11-2003 90048		
7936 59TH S	e of Business STREET NORTH RK, FL 33781	Mailing Address 7936 59TH STREET NORT PINELLAS PARK, FL 3378					
2. Principal Place of Business 6201 78 th Ave. N. 6201 78 th A.			ve N				
Suite, Apt. 8, etc. Suite, D. Suite D.					CHECK HERE IF MAK	NG CHANGES	
Prinel	lastark FL	Pinellastar	K, FL	- 4	4. FEI Number 59-3703885	├ ─ 	plied For Applicable
337-81	Country	33781	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	
GRUCHUEZ	6. Name and Address of Current KENNETH	Registered Agent	Name	Kenn	r. Name and Address of New Register eth J. Gruch	ad Agent	
6201 78TH A	AVE N PARK, FL 33781		Street Ac	(Address (B.O. Box Number Is No Mccoptable), SteD			
			ary C	inel	las Pack	FL - 2'3'5°°	\$(
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signaluse, typed or printed name of segistation area of segistation and title if applicable. (NOTE: Registrated Agent signaluse sequired when seinstaining) OATE OATE							
After	LE NOWIL PEE 18 6160 00 May 1 2003 Fee will be 6660 00 Payable to Florida Department				Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees
10.	OFFICERS AND		11.	Presi	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-2P	GRUCHAEZ, KENNETH J 7936 59TH STREET NORTH PINELLAS PARK, FL 33781	☐ Delete	NAME STREET ADDRESS	Kenne	eth J. Gruchacz 18th Axe. N, Ste D.	UChange で表し	Addition 6
TITLE NAME	• .	☐ Delete	TITLE NAME	<u> </u>		☐ Change	Addition 2
STREET ADDRESS CITY-ST-2IP			STREET ADORESS CITY-ST-ZIP				
TITLE NAME	,	☐ Delete	TIFLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-2P	,		STREET ADDRESS COLY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		•	Change	Addition
STREET ADDRESS CITY-ST-2P			STREET ADDRESS City-St-Zip				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS City-St-ZP	<u> </u>		STREET ADDRESS Criy-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 607, 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 AND TYPED OR PRINTED HAME OF SKINNING OFFICER OR DIRECTOR							