

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91417 007 ***150.00

DOCUMENT # P02000072184

1. Entity Name
J.C.D. OF PINELLAS INC.



Principal Place of Business
**414 TURNER STREET
CLEARWATER FL 33756**

Mailing Address
**414 TURNER STREET
CLEARWATER FL 33756**

2. Principal Place of Business
6840 Park Blvd.

3. Mailing Address
6840 Park Blvd

City & State
Pinellas Park FL

City & State
Pinellas Park FL

4. FEI Number
03-0467666

Applied For
☐ Not Applicable

Zip
33781

Country
Pine llas

Zip
33781

Country
Pine llas

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOLAN, JAMES M
414 TURNER STREET
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name **James M Dolan**
Street Address (P.O. Box Number is Not Acceptable)
4852 99th Way N
City **St Petersburg** **FL** Zip Code **33708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Dolan

(NOTE: Registered Agent signature required when reinstating)

4/22/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOLAN, JAMES M**
STREET ADDRESS **414 TURNER STREET**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Dolan, James M**
STREET ADDRESS **4852 99th Way N**
CITY-ST-ZIP **St Petersburg FL 33708**

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

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

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

TITLE ☐ Change ☐ Addition
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 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: **James Dolan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date Daytime Phone #

CR2E034 (10/02)