2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02646

1. Entity Name

WARREN CONTRACTORS OF PINELLAS, INC.

FILED
00 MAY 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
211 HEDDEN CT.
OZONA FL 34660
US

Mailing Address:
P.O. BOX 838
OZONA FL 34660-0838
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

5/17/00 90958/018 $158.75

4. FEI Number: 38-1900469

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLESIMO, ONORIO
41 EAGLE LANE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See instruction back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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
Title / Name / Street Address / City-St-Zip	D CARLESIMO, ONORIO 41 EAGLE LANE PALM HARBOR FL 34683 ☐ Delete	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	VD CARLESIMO, ANTONIO 1845 SALEM CT. ~~DUNEDIN, FL~~ ☐ Delete	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	STD CERULLO, SALVATORE 3146 LAS OLAS DR. ~~DUNEDIN, FL~~ ☐ Delete	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	☐ Change ☐ Addition

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: ONORIO CARLESIMO PRES 4.27.2000 727-785-9579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30