2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000024079 **DOCUMENT #**

1. Entity Name
D & P OF PINELLAS COUNTY, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90033 048 ***150.00

	Applied For Not Applicable Additional irred ode th, and accept i.00 May Be ded to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5, Certificate of Status Desired 88.75 / Fee Requ Name PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City City Lity City Lity City FL Zip City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Zip City FL	Applied For Not Applicable Additional irred ode th, and accept i.00 May Be ded to Fees
City & State Country Country Country Country 5. Certificate of Status Desired \$8.75 / Fee Requ 6. Name and Address of Current Registered Agent Name PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City City FL Zip C City FL Zip C City FL Zip C City FL Zip C Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A	Applied For Not Applicable Additional ired ode th, and accept 5.00 May Be ded to Fees
Zip Country Zip Country 5. Certificate of Status Desired S8.75 / Fee Requ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City FL Zip C City FL Zip C City FL Am familiar with bobligations of registered agent. Signature. Lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalang) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME	Not Applicable Additional lired ode th, and accept i.00 May Be ded to Fees
6. Name and Address of Current Registered Agent PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City Fee Requ City Fl Zip C City FL Zip C Signature, lyped or printed name of registered agent and title if applicable. Fee Requ Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL Zip C Signature required when reinstaing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Change The Control of Change The Control of Change The Chang	ode th, and accept 5.00 May Be ded to Fees
PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City City FL Zip C City FL Zip C City FL Zip C Registered agent, or both, in the State of Florida. I am familiar with be obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A Delete TITLE NAME NAME NAME Change NAME Change	i.00 May Be
PARKS, ROBERT A 12036 101ST AVENUE N SEMINOLE FL 34642 City FL Zip C City FL Zip C City FL Zip C Romanure, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL Zip C NOTE: Registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Address To OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A	i.00 May Be
SEMINOLE FL 34642 City FL Zip C 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 a boligations of registered agent. Signature. Typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME PARKS, ROBERT A Delete TITLE NAME Delete TITLE NAME Delete TITLE NAME Delete TITLE NAME NAME Delete TITLE NAME NAME NAME	i.00 May Be
SEMINOLE FL 34642 City City FL Zip C 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A City FL Zip C Zip C Zip C VITILE B. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME City FL Zip C Zip C Zip C Additional agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent and title if applicable. NATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME	i.00 May Be
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. Lam familiar with the obligations of registered agent. Signature. Typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D PARKS, ROBERT A D Change City FL Zip C Total Ammental PARKS, ROBERT A	i.00 May Be
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. Lam familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A Change Change	i.00 May Be
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE D PARKS, ROBERT A Delete ITILE NAME DATE 9. Election Campaign Financing Trust Fund Contribution. Add Trust Fund Contribution.	i.00 May Be
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating) Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Agent Signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution. Advanced Fund Fund Fund Fund Fund Fund Fund Fun	ded to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A WOTE: Registered Agent signature required when retributing and the resolution will require the signature required when retributing \$5 Trust Fund Contribution. Add Add Trust Fund Contribution. Add TITLE D Delete TITLE NAME PARKS, ROBERT A	ded to Fees
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Départment of State 10. OFFICERS AND DIRECTORS TITLE NAME PARKS, ROBERT A TITLE NAME TITLE NAME TO THE PARKS, ROBERT A	ded to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME PARKS, ROBERT A 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME Change Change Change NAME	ORS IN 11
TITLE D Delete TITLE Change NAME PARKS, ROBERT A NAME	
ARROW ARACT ANCINITE AL	ge 🔲 Addition
STREET ADDRESS 12036 10151 AVENUE N STREET ADDRESS	
OFFINIOUF FLOAGA	
Chan	ge
DOWNERS OF THE PROPERTY OF THE	je
NAME DUTTERER, JAMES C STREET ADDRESS 12036 101ST AVENUE N STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL 34642 CITY-ST-ZIP	
TITLE Delete TITLE Chang	ge 🗌 Addition
NAME NAME	
STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CITY-ST-7IP	
Chan	ge Addition
THE Delete	, I radición
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Chan	ge Addition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE . Delete TITLE . Chan	ge 🔲 Addition
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP 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 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 office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an office the same legal effect as if made under oath; that I am an oath office the same legal effect as if made under oath; that I am an oath oath oath oath oath oath oath oath	

of the corporation or the receiver or trustee empowered to execute his 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: