

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90144 009 ***150.00

DOCUMENT # P95000052999

1. Entity Name
SINES FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
12945 SEMINOLES BLVD. (2-1) **12945 SEMINOLES BLVD. (2-1)**
LARGO FL 33778 **LARGO FL 33778**

00033992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address ^{was}
8215 - 113TH Street **8215 - ~~113~~ 113TH Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Seminole, FL **Seminole, FL**
 Zip Country Zip Country
33772 **Pinellas** **33772** **Pinellas**

4. FEI Number **59-3323704** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SINES, WILLIAM Name
12945 SEMINOLES BLVD. (2-1) Street Address (P.O. Box Number is Not Acceptable)
LARGO FL 33778 **8215 - 113TH Street**
 City **Seminole, FL** Zip Code **33772**

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 (applicable).

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) After MAY 1, 2001 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	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SINES, WILLIAM		NAME		
STREET ADDRESS	12945 SEMINOLES BLVD. (2-1)		STREET ADDRESS	8215 - 113 TH Street	
CITY-ST-ZIP	LARGO-FL 33778		CITY-ST-ZIP	Seminole, FL 33772	
TITLE	VD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SINES, PAMELA A		NAME		
STREET ADDRESS	12945 SEMINOLES BLVD. (2-1)		STREET ADDRESS	8215 - 113 TH Street	
CITY-ST-ZIP	LARGO-FL 33778		CITY-ST-ZIP	Seminole, FL 33772	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 I've empowered.

SIGNATURE: *William C. Sines* **William C. Sines** **4/5/01** **727-397-5512**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)