

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 049 ***150.00

DOCUMENT # P95000081526

1. Entity Name

FAMILY SERVICES OF PINELLAS COUNTY, INC.

DO NOT WRITE IN THIS SPACE

421701

2. Principal Place of Business

3401 Tamiami Trail N.

3. Mailing Address

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

4. FEI Number

593340181

Applied For

Not Applicable

Zip
34103

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **J. Matthew Marquardt, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
625 Court Street, Suite 200

City **Clearwater** **FL** **Zip Code** **33756**

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

J. Matthew Marquardt

February 2002

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **Director/President**
NAME **John Picciano**
STREET ADDRESS **3401 Tamiami Trail North, Ste. 207**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **Director/Secretary**
NAME **James O'Shea**
STREET ADDRESS **3401 Tamiami Trail N., Ste. 207**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **Director/Treasurer**
NAME **3401 Tamiami Trail N., Ste. 207**
STREET ADDRESS **Naples, FL 34103**
CITY-ST-ZIP

TITLE **Director**
NAME **Robert Cohen**
STREET ADDRESS **3401 Tamiami Trail N., Ste. 207**
CITY-ST-ZIP **Naples, FL 34103**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

John Picciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 263-9900

Date:

Daytime Phone #

CR2E034B (12/01)