

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90047 005 \*\*\*150.00

**DOCUMENT # P96000021277**

1. Entity Name  
**PARK SOUTHERN BUILDERS OF PINELLAS, INC.**

Principal Place of Business 1700 MCCULLEN BOOTH RD C1 CLEARWATER FL 33759 US	Mailing Address 1700 MCMULLEN BOOTH RD C1 CLEARWATER FL 33759 US
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

**912697**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3373537</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PUZZITIELLO, ROSS**  
**4153 ARLINGTON DR**  
**PALM HARBOR FL 34685**

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 \_\_\_\_\_ (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.   
**FILE NOW!!! FEE IS \$150.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PUZZITIELLO, RICHARD A</b>	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH R</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NIERLICH, JOHN K</b>	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>PUZZITIELLO, RICHARD JR</b>	
STREET ADDRESS	<b>13370 PROSPECT RD</b>	
CITY-ST-ZIP	<b>STRONGSVILLE OH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PUZZITIELLO, ROSS</b>	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: \_\_\_\_\_ Date **1/5/01** Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)