

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020412

1. Entity Name
MACE-KINGSLEY CLEARWATER, INC.

Principal Place of Business
1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615

Mailing Address
1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINGSLEY, CAROL
1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KINGSLEY, CAROL ☐ Delete
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME SMITH, GREG ☐ Delete
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME JOHONNESSON, SEAN
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☒ Change ☐ Addition
NAME BETHANN BETHY CRAMB
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE S
NAME JOHONNESSON, LISA ☐ Delete
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME AVRIN, JEFF ☐ Delete
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RICH, ARLENE ☐ Delete
STREET ADDRESS 1524 SMALLWOOD CIRCLE
CITY-ST-ZIP CLEARWATER FL 34615 33755

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90049 029 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

0385196