2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000033469**

1. Entity Name

T.E.D.D. OF PINELLAS, INC.

Principal Place of Busines:	s
2330 CURLEW ROAD	
PALM HARBOR FL 34683	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

2330 CURLEW ROAD PALM HARBOR FL 34683-6828

City & State 4. FEI Number City & State 65-0747781 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUNTZ, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 2330 CURLEW ROAD PALM HARBOR FL 34683 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TIT1 F LEVERENZ, DANIEL F NAME 2330 CURLEW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE KUNTZ, DANIEL J NAME NAME 2330 CURLEW ROAD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP DST ☐ Change Addition ☐ Delete TITLE TORNEY, TERRENCE NAME NAME 2330 CURLEW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Addition ☐ Delete TITLE Change TITLE HAASE, ERIC M NAME NAME 2330 CURLEW ROAD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME ·41 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90191 047 ***150.00

NNN35124



DO NOT WRITE IN THIS SPACE

Applied For

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 y address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR