

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90498 001 ***300.00

DOCUMENT # P97000055577

1. Entity Name
P.I.T.A. OF PINELLAS COUNTY INC.



Principal Place of Business
3217 B 40 LANE SOUTH
ST. PETERSBURG FL 33711

Mailing Address
3217 B 40 LANE SOUTH
ST. PETERSBURG FL 33711

2. Principal Place of Business

4121 5 AV. N.

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

ST. PETERSBURG

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

FLORIDA

Zip

33702

Country

PINELLAS

Zip

33702

Country

FLORIDA

4. FEI Number

59-3454453

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAHER, JANE R
3857 50TH AVE S
ST. PETERSBURG FL 33711

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MAHER, JANE R
STREET ADDRESS 3857 50TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME THOMAS R MAHER
STREET ADDRESS 4900 14AV. N.
CITY-ST-ZIP ST PETERSBURG, FL 33710

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE R MAHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 727-866-3061

Date Daytime Phone #

CR2E034 (10/02)