

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90099 015 ***150.00

DOCUMENT # P97000055697

1. Entity Name

BUSINESS LIFEGUARDS, INC.

Principal Place of Business

Mailing Address

451 PARK BLVD

POB 3035

PINELLAS PARK FL 33780-3035

AS PARK FL 33780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

City & State

City & State

Zip

33781

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3467653**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2724 47th St N

St

City **ST PETERSBURG**

FL

Zip Code

33713

SHAUGHNESSY, GEORGE

1644 38TH AVE. N.

ST. PETERSBURG FL 33713-1920

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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, 2000 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** ☐ Delete
NAME **SHAUGHNESSY, GEORGE**
STREET ADDRESS **1644 38TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33713-1920**

TITLE ☒ Change ☐ Addition
NAME **2724 47th St N**
STREET ADDRESS **St PETERSBURG FL 33713**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 supplementary 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

[Signature] **GEORGE SHAUGHNESSY, PRESIDENT**

Date

Daytime Phone #

727-321-2591