

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005087

1. Entity Name  
SPRING PARK GROUP OF PINELLAS, INC.



**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90856 035 \*\*\*150.00

Principal Place of Business  
1700 MCMULLEN BOOTH RD  
C1  
CLEARWATER FL 33759  
US

Mailing Address  
1700 MCMULLEN BOOTH RD  
C1  
CLEARWATER FL 33759  
US

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 **59-3489160**  
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

7. Name and Address of New Registered Agent

**PUZZITIELLO, ROSS A**  
**4153 ARLINGTON DR**  
**PALM HARBOR FL 34685**

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.

**Ross A Puzzitiello**  
**Vice President**

**1-29-03**

(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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PUZZITIELLO, RICHARD A</b>	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>VP</b>	<input checked="" 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 44136</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PUZZITIELLO, ROSS A</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		

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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ross A Puzzitiello**  
**VICE PRESIDENT**

**1-29-03**

**(727)**

**793-9805**

Date

Daytime Phone #

CR2E034 (10/02)