

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-21-2003 90192 018 ***150.00

DOCUMENT # P98000011834

1. Entity Name
A & R ENTERPRISES OF CLEARWATER INC.



Principal Place of Business
6530-1 CAPE HATERAS WAY NE
ST. PETERSBURG FL 33702

Mailing Address
6530-1 CAPE HATERAS WAY NE
ST. PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

3773 Central Ave
Suite, Apt. #, etc.
C025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33713

USA

4. FEI Number 59-3533993

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

WINEBRENNER, J M
3773 CENTRAL AVE.
ST. PETERSBURG FL 33713-8338

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TELLONE, RICHARD A
6530-1 CAPE HATERAS WAY NE
ST. PETERSBURG FL 33702

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
TELLONE, ANGELIA A
6530-1 CAPE HATERAS WAY NE
ST. PETERSBURG FL 33702

☐ **Delete**

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

TITLE
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☐ **Delete**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD TELLONE

2/19/03

727/327-1202

Date

Daytime Phone #

CR2E034 (10/02)