## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000066131. . Jan 23, 2001 8:00 am Secretary of State 1. Entity Name CASH FLOW OF PINELLAS, INC. 01-23-2001 90057 005 \*\*\*150.00 Principal Place of Business Mailing Address 13355 BELCHER RD. 13355 BELCHER RD. SUITE J SUITE J LARGO FL 33773-1648 LARGO FL 33773-1648 2. Principal Place of Business 3. Mailing Address 55625 2135 Balou Grande Bl P.O. BOY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE t. Petersburg City & State 4. FEI Number Applied For 59-3533535 FL St. Pelersburg Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33703 33732 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YORK, RICK Street Address (P.O. Box Nymber is Not Acceptable) 2135 Bayw Grande Bl 13355 BELCHER RD **LARGO FL 33773** Petersburg 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 (NOTE: Registered Agent signature 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SDVT TITLE ☐ Delete YORK, STEPHANIE M NAME Bayou Grande BI NE STREET ADDRESS STREET ADDRESS 13355 BELCHER RD. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773-1648 st. Petersburg TITLE DP ☐ Delete TITLE NAME YORK, RICHARD L JR. NAME Bayou Grande Petersburg FL STREET ADDRESS 13355 BELCHER RD. STREET ADDRESS CITY-ST-ZIP 33703 LARGO FL 33773-1648 CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 of 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.