## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000076416 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name PROPERTY MANAGEMENT OF PINELLAS. INC. 04-18-2000 90178 008 \*\*\*150.00 Principal Place of Business Mailing Address 8405 N EDISON AVE 8405 N EDISON AVE TAMPA FL 33604 TAMPA FL 33604-1210 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3601863 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSEPH V DEMAN GARCIA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8405 N EDISON AVE 4201 62ND AVENUE TAMPA FL 33604 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. JOSEPH V DEMAN PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE CEO AND VICE PRESIDENT NAME NAME TONY MUNIZ, JR STREET ADDRESS 840' N. EDISON AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP Change Addition ☐ Delete TITLE PRESIDENT TITLE LOSEPH V. OSMAN NAME STREET ADDRESS STREET ADDRESS 4201 62ND AVE N. OTPETERS BURG FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete VICE PRESIDENT TITLE TITLE NAME NAME STREET ADDRESS 2405 N EDISON AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #