## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # V34848** 1. Entity Name PIONEER MAINTENANCE, INC. 05-23-2000 90240 029 \*\*\*150.00 Principal Place of Business Mailing Address 1420 35TH AVENUE NORTH 1420 35TH AVENUE NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704-1859 2. Principal Place of Business 3. Mailing Address 1530 20th Avenue North 1530 20th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3127275 St. Petersburg St. Potorsia Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33704 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard Gelinas GELINAS, RICHARD, JR. Street Address (P.O. Box Number is Not Acceptable) 1530 20th Avenue North 1420 35TH AVENUE NORTH ST. PETERSBURG FL 33704 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. President 41301co (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSDM** PDM Change ☐ Addition CR2E034 (9/99 TITLE TITLE ☐ Defete Gelinas, Richard J GELINAS, RICHARD J NAME NAME 1530 ZOH Ave. N. STREET ADDRESS 1420 35TH AVE, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP St. Petersburg, FL 33704 ST. PETERSBURG FL Change TITLE ☐ Delete TITLE Addition Gelinas, Nancy NAME **GELINOS, NANCY** NAME STREET ADDRESS STREET ADDRESS 1420 25TH AVE, NORTH 1530 20th AVEN. CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP St. Petersburg, FL 33704 ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition 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:

Jancy Ni Wellinas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR