

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90010 047 ***550.00

DOCUMENT # 243182

1. Entity Name

PICCADILLY CORPORATION

Principal Place of Business

Mailing Address

149 MORNINGSID DR
CORAL GABLES, FL

149 MORNINGSID DR
CORAL GABLES, FL

2. Principal Place of Business

441 VALENCIA AVE

3. Mailing Address

441 VALENCIA AVE

Suite, Apt. #, etc.

902

Suite, Apt. #, etc.

902

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. FEI Number

59-0916324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDERSON, SYDNEY P

149 MORNINGSID DR.

CORAL GABLES, FL

33134

7. Name and Address of New Registered Agent

Name

SYDNEY P. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

441 VALENCIA AVE # 902

City

CORAL GABLES

FL

Zip Code

33134

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

SYDNEY P. ANDERSON PSTD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	ANDERSON, SYDNEY P.	
STREET ADDRESS	149 MORNINGSID DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
SYDNEY P. ANDERSON

Date

8/9/01

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