

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73740

1. Entity Name

PULLUM, SABA AND COTTON REALTY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90042 026 ***150.00

Principal Place of Business

Mailing Address

4557 CHUMUCKLA HWY
PACE FL 32571
US

4557 CHUMUCKLA HWY
PACE FL 32571-1001
US

2. Principal Place of Business

4545 CHUMUCKLA HWY.

3. Mailing Address

P.O. BOX 2402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE, FL

City & State

PACE, FL

4. FEI Number

59-2937998

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PULLUM, WILLIAM A
8494 NAVARRE PARKWAY
NAVARRE FL 32566

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PULLUM, WILLIAM A
STREET ADDRESS 8484 NAVARRE PKWY
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

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

TITLE VPST
NAME COTTON, DOYLE M
STREET ADDRESS 4557 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)