

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90073 044 ***150.00

DOCUMENT # P00000002108

1. Entity Name
PICERNE BRITTANY POINT ASSOCIATES, INC.

Principal Place of Business
**247 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714**

U0031757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3616585

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

**COSTOLO, W. TERRY ESQ.
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	PICERNE, ROBERT			
	247 NORTH WESTMONTE DRIVE			
	ALTAMONTE SPRINGS FL 32714			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President/Treasurer/Director	Robert M. Picerne	247 N. Westmonte Dr.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President	Dwayne Walker	247 N. Westmonte Dr.	Altamonte Springs, FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice-President/Secretary	Jack W. Erich	247 N. Westmonte Dr.	Altamonte Springs, FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Robert M. Picerne, Pres.

Date **01/16/01**

Daytime Phone # **407/772-0200**

CR2E034 (10/00)