

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90076 050 \*\*\*150.00

**DOCUMENT # P00000015924**

1. Entity Name  
**PIVOTAL GP, INC.**

Principal Place of Business <b>6400 NORTH ANDREWS AVE.          FT. LAUDERDALE FL 33309</b>	Mailing Address <b>6400 NORTH ANDREWS AVE.          FT. LAUDERDALE FL 33309</b>
--	--

2. Principal Place of Business <b>300 S.E. 2nd St.</b>	3. Mailing Address <b>300 S.E. 2nd St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL</b>
Zip <b>33301</b>	Country

4. FEI Number <b>65-0982906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUKE, BRYAN W ESQ.  
 6400 NORTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name: **Patricia Jones**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o Stiles Corporation**

**300 S.E. 2nd St.**

City: **Fort Lauderdale** FL Zip Code: **33301**

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: *Patricia Jones* DATE: **2/21/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILES, TERRY W 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILES, TERRY W. 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P. 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STPEHEN R. 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W. 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 SE 2nd St. Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia Jones* DATE: **2/21/01** 954/627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

835433

UNIFORM BUSINESS REPORT #P00000015924

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	V	Addition
NAME:	O'SHEA, DENNIS F.	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	