FILED
Jun 30, 2002 8:00 am
Secretary of State
06-30-2002 90230 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114590

1. Entity Name:
~~Pilot Electrical Construction Company, Inc.~~
Pilot Electrical Construction Company, Inc

DO NOT WRITE IN THIS SPACE

B0126302

2. Principal Place of Business	3. Mailing Address	
4155 Highway Avenue	4155 Highway Avenue	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Jacksonville, FL	City & State: Jacksonville, FL	4. FEI Number: 37-1425742 ☐ Applied For ☐ Not Applicable
Zip: 32254 County: USA	Zip: 32254 County: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Walter H. Glisson, Jr.
Street Address (P.O. Box Number is Not Acceptable): 8661 Blackhaw Court
City: Jacksonville FL Zip: 32244

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: Walter H Glisson Jr 6/14/02
(Signature required when changing registered office or registered agent, or both.) (Florida Registered Agent Signature required when changing registered agent.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: Pres. NAME: Walter H. Glisson, Jr. STREET ADDRESS: 8661 Blackhaw Court CITY-ST-ZIP: Jacksonville, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: VP NAME: James T. Watson STREET ADDRESS: 5724 Longbranch Cemetery Road CITY-ST-ZIP: Maxville Farms, FL 32234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: S/T NAME: Jason B. Parker STREET ADDRESS: 8513 Banderra Circle East CITY-ST-ZIP: Jacksonville, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Watson

CR2E034B (12/01)