

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90025 048 ***150.00

DOCUMENT # P01000114590

1. Entity Name
PILOT ELECTRICAL CONSTRUCTION COMPANY, INC.



Principal Place of Business
**4155 HWY. AVE.
JACKSONVILLE FL 32254**

Mailing Address
**4155 HWY. AVE.
JACKSONVILLE FL 32254**

2. Principal Place of Business

4155 Highway Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same as # 2

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Zip

32254

USA

Country

4. FEI Number

37-1425742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLISSON, WALTER H JR.
8661 BLACKHAW COURT
JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Walter H. Glisson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GLISSON, WALTER H JR.**
STREET ADDRESS **8661 BLACKHAW COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **V** ☐ Delete
NAME **WATSON, JAMES T**
STREET ADDRESS **5724 LONGBRANCH CEMETERY RD**
CITY-ST-ZIP **MAXVILLE FARMS FL 32234**

TITLE **ST** ☐ Delete
NAME **PARKER, JASON B**
STREET ADDRESS **8513 BANDERRA CIRCLE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Walter H. Glisson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/03 904-384-4400

CR2E034 (10/02)