1/11/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-11-2001 90057 024 ***150.00

DOCUMENT # 235008

1. Entity Name
PIFCAF HOLDINGS, INC.

Principal Place of Business	Mailing Address
318 MITNIK DR P O BOX 327 OSTEEN FL 32764-0327 US	PO BOX 327 OSTEEN FL 32764-0327 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0902137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, CHARLES R
318 MITNIK DR P O BOX 327
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name PATRICK FITZMORRIS
Street Address (P.O. Box Number is Not Acceptable) 318 MITNIK DR P.O. Box 327
City OSTEEN FL Zip Code 32764

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 Patrick Ian Fitzmorris
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	T MORRIS, CHARLES R 318 MITNIK DR / PO BOX 327 OSTEEN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FITZMORRIS, PATRICIC 318 MITNIK DR P.O. Box 327 OSTEEN FL 32764 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, GLADENE L 318 MITNIK DR / PO BOX 327 OSTEEN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FITZMORRIS, CILLE 318 MITNIK DR P.O Box 327 OSTEEN FL 32764 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MORRIS, GLADENE L 318 MITNIK DR / PO BOX 327 OSTEEN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FITZMORRIS, CILLE 318 MITNIK DR P.O. Box 327 OSTEEN FL 32764 ☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Gladene L Morris GLADENE L. MORRIS 1-4-01 (407)321-8732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cille Fitzmorris