

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 22 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 270921

1. Entity Name
PICKETT AND ASSOCIATES, INC.



Principal Place of Business
**475 S. FIRST AVE.
BARTOW, FL 33830**

Mailing Address
**475 S. FIRST AVE.
BARTOW, FL 33830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1083938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLYATT, JOHN M
6003 SOURWOOD WAY
BARTOW, FL 33830**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800025693508

12/22/03--01091--020 **\$1.25

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR Is \$61.25
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 **PT** ☐ Delete
NAME **CLYATT, JOHN M.**
STREET ADDRESS **6003 SOURWOOD WAY**
CITY-ST-ZIP **BARTOW, FL 00000,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **V** ☐ Change ☒ Addition
NAME **SLOAN, STEPHEN L.**
STREET ADDRESS **1805 WARDLAW DRIVE**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **S** ☐ Change ☒ Addition
NAME **PRATHER, GREGORY A.**
STREET ADDRESS **122 LAMERCAUX ROAD, S.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **T** ☐ Change ☒ Addition
NAME **YOUNG, THOMAS J.**
STREET ADDRESS **5746 HEBRON LANE**
CITY-ST-ZIP **LAKE LAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. CLYATT

12-17-03

(863) 535-4095

Date

Daytime Phone #

CR2E034 (10/02)