

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 305491

1. Entity Name

PITMAN & SONS, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90147 035 ***150.00

Principal Place of Business

5400 LONGLEAF STREET
POST OFFICE BOX 12529
JACKSONVILLE FL 32209

Mailing Address

5400 LONGLEAF STREET
POST OFFICE BOX 12529
JACKSONVILLE FL 32209

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 59-1141542

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITMAN, ERNEST H
11154 RALEY CREEK DR N
JACKSONVILLE FL 32225

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.

SIGNATURE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PITMAN, DONALD D.	5400 LONGLEAF ST.	JACKSONVILLE FL 32209				
P	PITMAN, JERE F	5400 LONGLEAF ST.	JACKSONVILLE FL 32209				
DIR	PITMAN, ERNEST H.	5400 LONGLEAF ST.	JACKSONVILLE FL 32209				
TS	SLAPPEY, SUSAN P	5400 LONGLEAF STREET	JACKSONVILLE FL 32209				

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 another like empowered.

SIGNATURE:

Susan Pitman Slappey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Pitman Slappey 4/13/01
Date Daytime Phone #

904 7686888

CR2E034 (10/00)