

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 328862**

1. Entity Name

"PIN'S" REALTY, INC.**FILED**
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90031 025 ***150.00

Principal Place of Business

Mailing Address

NORTH PALAFOX STREET
FL 32501**810 NORTH PALAFOX STREET**
PENSACOLA FL 32501-3114**00001476**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1236035

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PINNELL, CARRELL I**3556 DUNWODY DR**
4300 Bayou Blvd-Apt-T202
PENSACOLA FL 32503

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **PD PINNELL, CARRELL I**
STREET ADDRESS **3556 DUNWODY DR**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4300 Bayou Blvd-Apt-T202**
CITY-ST-ZIPTITLE ☐ Delete
NAME **D PINNELL, LOIS I**
STREET ADDRESS **3556 DUNWODY DR**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4300 Bayou Blvd-Apt-T202**
CITY-ST-ZIPTITLE ☐ Delete
NAME **D WIGINTON, MARY-A**
STREET ADDRESS **4925 WILLARD NORRIS ROAD**
CITY-ST-ZIP **MILTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T PINNELL, CARRELL I**
STREET ADDRESS **3556 DUNWODY DR**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4300 Bayou Blvd-Apt-T202**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)