

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 355306

1. Entity Name
PINETA COMPANY

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90177 008 ***150.00

Principal Place of Business
1000 SALT MYRTLE LANE
ORANGE PARK FL 32073

Mailing Address
1000 SALT MYRTLE LANE
ORANGE PARK FL 32073

60054123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1909 Salt Myrtle Ln
Suite, Apt. #, etc.

3. Mailing Address
1909 Salt Myrtle Ln
Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number 59-1277011

Applied For
Not Applicable

Zip 32003 Country USA

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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

PAGE T-W
1000 SALT MYRTLE
ORANGE PARK FL 32073

Name
RAX CO c/o Kenneth M. Keefe, Jr.
Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, Suite 3300

City Jacksonville FL Zip Code 32202

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]* V P RAX Co. 3/5/01
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 ASD
NAME PACE, AUGUSTA
STREET ADDRESS 1909 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE ASD ☒ Change ☐ Addition
NAME PACE, AUGUSTA
STREET ADDRESS 1909 Salt Myrtle Ln
CITY-ST-ZIP Orange Park, Fl 32003

TITLE V ☐ Delete
NAME WOOD, SUSAN D
STREET ADDRESS 1909 SALT MYRTLE
CITY-ST-ZIP ORANGE PARK FL

TITLE V ☒ Change ☐ Addition
NAME WOOD, SUSAN D
STREET ADDRESS 1909 Salt Myrtle Ln
CITY-ST-ZIP Orange Park, Fl 32003

TITLE PD ☐ Delete
NAME PACE, T.W.
STREET ADDRESS 1909 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK FL

TITLE PD ☒ Change ☐ Addition
NAME PACE, T.W.
STREET ADDRESS 1909 Salt Myrtle Ln
CITY-ST-ZIP Orange Park, Fl 32003

TITLE AST ☐ Delete
NAME MIXON, B W
STREET ADDRESS 1909 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE AST ☒ Change ☐ Addition
NAME MIXON, B.W.
STREET ADDRESS 1909 Salt Myrtle Ln
CITY-ST-ZIP Orange Park, Fl 32003

TITLE D ☐ Delete
NAME PACE, W H
STREET ADDRESS 1909 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☒ Change ☐ Addition
NAME PACE, W.H.
STREET ADDRESS 1909 Salt Myrtle Ln
CITY-ST-ZIP Orange Park, Fl 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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]*
B.W. MIXON, AST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

904-264-2142

Date

Daytime Phone #

CR2E034 (10/00)