

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 441653**

1. Entity Name

PINEMOUNT CORPORATION**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90177 039 ***150.00

Principal Place of Business

**2250 US 90 WEST
P O BOX 513
LAKE CITY FL 32056-7513**

Mailing Address

**2250 US 90 WEST
P O BOX 513
LAKE CITY FL 32056-7513****714211**

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 **59-1526693**

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****DICKS, LENVIL H.
2250 US 90 WEST
LAKE CITY FL 32055**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DICKS, LENVIL H.	2250 US 90 WEST	LAKE CITY FL	<input type="checkbox"/>
VD	TIMMONS, EVA E.	2250 US 90 WEST	LAKE CITY FL	<input type="checkbox"/>
SD	DICKS, MAVIS P.	2250 US 90 WEST	LAKE CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	BRADLEY N. DICKS	2250 U.S. 90 WEST	LAKE CITY, FL 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	ANDREW J. DICKS	2250 U.S. 90 WEST	LAKE CITY, FL 32055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 approval.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-01 386-752-8585

CR2E034 (10/00)