

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-26-2001 90545 028 ***150.00

DOCUMENT # 477463

1. Entity Name

PILOT ELECTRICAL CONSTRUCTION COMPANY, INC.

Principal Place of Business

**4155 HIGHWAY AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**4155 HIGHWAY AVENUE
JACKSONVILLE FL 32205**

2. Principal Place of Business

4155 Highway Avenue

3. Mailing Address

4155 Highway Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1593141

Applied For

Not Applicable

Zip

32254

Country

Zip

32254

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMELTZER, ROBERT W. JR.
1710 BIG BRANCH RD.
MIDDLEBURG FL 32068**

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.

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. ☐

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

TITLE **ST** ☒ Delete
NAME **PARRISH, SABRA J**
STREET ADDRESS **4155 HIGHWAY AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **P** ☐ Delete
NAME **SMELTZER, WILLIAM R.**
STREET ADDRESS **4155 HIGHWAY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **VP** ☐ Delete
NAME **SMELTZER, ROBERT W. JR.**
STREET ADDRESS **4155 HIGHWAY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Smeltzer, Lisa A.**
CITY-ST-ZIP **4155 Highway Avenue
Jacksonville, FL 32254**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Smeltzer, Josephine Marie**
CITY-ST-ZIP **4155 Highway Avenue
Jacksonville, FL 32254**

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

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

TITLE ☐ Change ☐ Addition
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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

904-384-1448

Date

Daytime Phone #

CR2E034 (10/00)