

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90111 033 ***150.00

DOCUMENT # 816414

1. Entity Name

PINE ISLAND GROVES INC

Principal Place of Business

Mailing Address

P. O. BOX 277
 NOBLESVILLE IN 46061-0277

P. O. BOX 277
 NOBLESVILLE IN 46061-0277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1582

Suite, Apt. #, etc.

P.O. Box 1582

City & State

NOBLESVILLE, IN

City & State

NOBLESVILLE, IN

4. FEI Number

35-1090177

Applied For

Not Applicable

Zip

Country

46061

Zip

Country

46061

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

MOREHEAD, ARNOLD
7401 STRINGFELLOW RD, NW
ST. JAMES CITY FL 33956

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

TITLE **PD** ☐ Delete
 NAME **KITTERMAN, MELVIN**
 STREET ADDRESS **PO BOX 277**
 CITY-ST-ZIP **NOBLESVILLE IN 46061-0277**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **PO Box 1582**
 CITY-ST-ZIP **NOBLESVILLE, IN 46061-1582**

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

TITLE ☐ Change ☐ Addition
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 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:

Melvin Kitterman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001

Date

317-773-1570

Daytime Phone #

CR2E034 (10/00)