

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90108 034 ***150.00

DOCUMENT # 834889

1. Entity Name
PITTSFIELD CONSTRUCTION, INC.

Principal Place of Business

2411 S MCCALL RD
 ENGLEWOOD FL 34224

Mailing Address

2411 S MCCALL RD
 ENGLEWOOD FL 34224

2. Principal Place of Business

550 THERESA BLVD.

3. Mailing Address

550 THERESA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. CHARLOTTE, FL.

City & State

PT. CHARLOTTE, FL.

4. FEI Number

25-1029630

Applied For

Not Applicable

Zip

33954

Country

US

Zip

33954

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCGRAW, ERNEST
447 SHERBROOK COURT
VENICE FL 34293

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S JOHNSON, LOIS G	NAME	
STREET ADDRESS	1218 RIDING ROCK LANE 2A	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST MCGRAW, ALICE	NAME	
STREET ADDRESS	30 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSVILLE, PA 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MCGRAW, ERNEST	NAME	
STREET ADDRESS	447 SHERBROOK CT	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ernest McGraw **ERNEST MCGRAW, PRES.** 2/4/02 941-629-4272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)