

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 SEP -6 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

Pitcher & O'Neal, P. A.

F 14639

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 153rd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Madeira Beach, FL

City & State

Zip

33708

Country

USA

Zip

Country

4. FEI Number

59-2068807

App

Not

5. Certificate of Status Desired ☐

\$8.75 Addtl
Fee Required

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700007667777--5
-09/11/02--01059--015
****550.00 ****550.00

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rock O'Neal

Street Address (P.O. Box Number is Not Acceptable)
150 153rd Avenue

Suite 203

City Madeira Beach

FL

Zip Code
33708

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
All officers and Directors
Rock O'Neal P/S/T/D
150 153rd Avenue Suite 203
Madeira Beach, FL 33708

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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, attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rock O'Neal

Date

Daytime Phone #

9/3/02 727 410 9419