

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90024 014 ***150.00

DOCUMENT # F94000004408

1. Entity Name

PILLAR TO POST, INC.

Principal Place of Business

Mailing Address

14502 N. DALEMABRY ROAD
 SUITE 200
 TAMPA FL 33618

14502 N. DALEMABRY ROAD
 SUITE 200
 TAMPA FL 33618-2424

2. Principal Place of Business

13902 N. DALE MABRY AVE

3. Mailing Address

13902 N. DALE MABRY AVE

Suite, Apt. #, etc.

SUITE 212

Suite, Apt. #, etc.

SUITE 212

City & State

TAMPA FL 33618

City & State

TAMPA FL 33618

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3256869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HRAWG CORP.
 2000 GLADES ROAD, STE 400
 BOCA RATON FL 33431**

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, 2000 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, J M	NAME	
STREET ADDRESS	1800 THE COLLEGEWAY 1203	STREET ADDRESS	1800 THE COLLEGEWAY - PH 4
CITY-ST-ZIP	MISSISSAUGA ON	CITY-ST-ZIP	MISSISSAUGA, ON
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARFLACK, MARY JO	NAME	
STREET ADDRESS	15304 MONTGAY WAY	STREET ADDRESS	15304 MONTREAT WAY
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	TAMPA FL 33625
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, WILLIAM R.	NAME	
STREET ADDRESS	170 PIPER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	RED DEER, ALBERTA, CANADA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/00
 Date

(813) 962 4461
 Daytime Phone #

CF 1E034 (9/99)