

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90087 015 ***150.00

0604030
AT

DOCUMENT # F97000006414

1. Entity Name

PILOT CATASTROPHE SERVICES, INC.

Principal Place of Business

**708 OAK CIRCLE DR W
MOBILE AL 36609**

Mailing Address

**PO BOX 91206
MOBILE AL 36691-1299**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-1012513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE **CEOP** ☐ Delete
NAME **PILOT, W D JR**
STREET ADDRESS **708 OAK CIRCLE DRIVE WEST**
CITY-ST-ZIP **MOBILE AL 36609**

TITLE **TSD** ☐ Delete
NAME **PILOT, E G**
STREET ADDRESS **708 OAK CIRCLE DRIVE WEST**
CITY-ST-ZIP **MOBILE AL 36609**

TITLE **VD** ☐ Delete
NAME **PILOT, CURTIS F**
STREET ADDRESS **708 OAK CIRCLE DRIVE WEST**
CITY-ST-ZIP **MOBILE AL 36609**

TITLE **VD** ☐ Delete
NAME **PILOT, RODNEY A**
STREET ADDRESS **708 OAK CIRCLE DRIVE WEST**
CITY-ST-ZIP **MOBILE AL 36609**

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
STREET ADDRESS
CITY-ST-ZIP

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

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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 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:

GRACE PILOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02
Date

251/607-7767
Daytime Phone #

CR2E034 (9/01)