2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H60692** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** W.E. PITTMAN CONSTRUCTION MANAGEMENT, INC. 02-07-2000 90006 032 ***150.00 Principal Place of Business Mailing Address 9641 TOWER RIDGE ROAD 9641 TOWER RIDGE ROAD PENSACOLA FL 32526 PENSACOLA FL 32526 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2542719 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PITTMAN, WILBURN E. Street Address (P.O. Box Number is Not Acceptable) 9641 TOWER RIDGE ROAD PENSACOLA FL 32526 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE NAME Pittman, Wilburn E. NAME PITTMAN, WILBURN E STREET ADDRESS STREET ADDRESS 9641 Tower Ridge Rd 9641 TOWER RIDGE ROAD CITY-ST-ZiP CITY-ST-ZIP PENSACOLA FL Pensacola, FL 32526 Change ☐ Delete TITI F NAME PITTMAN, DEMARIS B. NAME STREET ADDRESS STREET ADDRESS 9641 TOWER RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL. X Change ☐ Delete TITLE TITLE NAME Pittman, Lyle E. PITTMAN, LYLE E. NAME STREET ADDRESS 3509 Victory Dr STREET ADDRESS 3509 VICTORY DR CITY-ST-ZIP CITY-ST-7IP Pace FL 32571 PACE FL Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ '::::: ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 at other like empowered.

SIGNATURE: Demaris B. Pittman //25/00 (80)944-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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