

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H80972**

1. Entity Name

**PIXTON ELECTRIC, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90112 030 \*\*\*150.00

0037778

Principal Place of Business      Mailing Address  
% SAMUEL B. PIXTON      % SAMUEL B. PIXTON  
311 N ST CLOUD AVE      311 N ST CLOUD AVE  
VALRICO FL 33594      VALRICO FL 33594

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2586661**      Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****PIXTON, SAMUEL B.**  
**311 N ST CLOUD AVE**  
**VALRICO FL 33594****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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIXTON, SAMUEL B. 311 N. ST. CLOUD AVE. VALRICO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIXTON, BARBARA H. 311 N. ST. CLOUD AVE. VALRICO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:***Barbara H. Pixton***BARBARA H. PIXTON****1-11-01**

Date

**813-685-1422**

Daytime Phone #

CR2E034 (10/00)