

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53242

1. Entity Name

PILATUS, INC.

Principal Place of Business

2903 CHELSEA WOODS DR.
VALRICO FL 33594

Mailing Address

2903 CHELSEA WOODS DR.
VALRICO FL 33594-5204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEINSTEIN, NEAL
601 EAST TWIGGS STREET
TAMPA FL 33602

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ADAM, ROSEMARIE	
STREET ADDRESS	2903 CHELSEA WOODS DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMARTELL, HENRI	
STREET ADDRESS	2933 CHELSEA WOODS DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAM, DONALD A.	
STREET ADDRESS	18542 BEACHMONT AVENUE	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAM, BEVERLY	
STREET ADDRESS	18542 BEACHMONT AVENUE	
CITY-ST-ZIP	SANTA ANA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90165 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2763533** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (9/99)