

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90033 044 ***550.00

A0071009



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L44765**

1. Entity Name
JAMES R. PITTS II, D.M.D., P.A.

Principal Place of Business
~~2753 STATE ROAD 580 #102~~
~~CLEARWATER FL 34621~~

Mailing Address
~~2753 STATE ROAD 580 #102~~
~~CLEARWATER FL 34621~~

2. Principal Place of Business

3. Mailing Address

1140 BELCHER ROAD
 Suite, Apt. #, etc.

1140 BELCHER ROAD
 Suite, Apt. #, etc.

City & State
INDEN, FLA.

City & State
INDEN, FLA.

4. FEI Number **59-2992748**

Applied For
 Not Applicable

Zip **34698**

Country **USA**

Zip **34698**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, JAMES R II
2753 STATE ROAD 580 #102
CLEARWATER FL 34621

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, JAMES R II	
STREET ADDRESS	102 CARLYLE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. PITTS II

Date

Daytime Phone

7/28/00
(727) 733-4444

CR2E034 (5/00)