

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94750

1. Entity Name

PITTSTOP AUTO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90928 004 ***150.00

Principal Place of Business

842 MAGUIRE ROAD
OCFEE FL 34761

Mailing Address

P.O. BOX 159
OCFEE FL 34761-0159

2. Principal Place of Business

624 W. Hwy 50

Suite, Apt. #, etc.

"B"

City & State

Clermont FL

Zip

34711

Country

U.S.

3. Mailing Address

P.O. BOX 120760

Suite, Apt. #, etc.

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3055223

Applied For

Not Applicable

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, THOMAS J SR.
12737 MONTE VISTA RD
CLERMONT FL 34711

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PITTS, THOMAS J SR.
STREET ADDRESS 12737 MONTE VISTA RD
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE DIRECTOR
NAME DAVID E. PITTS
STREET ADDRESS 144 Sunnyside CE
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

TITLE D
NAME PITTS, LINDA J
STREET ADDRESS 12737 MONTE VISTA RD
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Pitts - President

4/28/00

Date

352-429-8222

Daytime Phone #

CR2E034 (9/99)