

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am
Secretary of State**

02-09-2000 90372 034 ***150.00

DOCUMENT # M76343

1. Entity Name

PICKETT COVE, INC.

Principal Place of Business

**801 N. MAGNOLIA AVENUE SUITE #201
P.O. BOX 2967
ORLANDO FL 32803**

Mailing Address

**801 N. MAGNOLIA AVENUE SUITE #201
P.O. BOX 2967
ORLANDO FL 32803-3842**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2883109

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ARNOLD, WILLIAM W.
801 N. MAGNOLIA AVENUE SUITE #201
ORLANDO FL 32802**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	DELETE
DP	ARNOLD, WILLIAM W.	801 NORTH MAGNOLIA AVE	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CARRIGAN, R. E. JR.	18350 E COLONIAL DR	ORLANDO FL 32820	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CARRIGAN, SHERRI	18580 E. COLONIAL DR.	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	EAGAN, WILLIAM L.	801 NORTH MAGNOLIA AVE	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, 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

President**Feb. 3, 2000****(407) 841-1511**

Date

Daytime Phone #