

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76343

1. Entity Name

PICKETT COVE, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2883109

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME ARNOLD, WILLIAM W.  
STREET ADDRESS 801 NORTH MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE D  
NAME CARRIGAN, R. E. JR.  
STREET ADDRESS 18350 E COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32820 ☐ Delete

TITLE SD  
NAME CARRIGAN, SHERRI  
STREET ADDRESS 18580 E. COLONIAL DR.  
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE AS  
NAME EAGAN, WILLIAM L.  
STREET ADDRESS 801 NORTH MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME CARRIGAN, R.E. JR.  
STREET ADDRESS 18716 East Colonial Drive  
CITY-ST-ZIP Orlando, FL 32820 ☐ Change ☐ Addition

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

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

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

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:

*William L. Eagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 09, 2001 8:00 am  
Secretary of State

01-25-2001 90231 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)