

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90066 019 ****61.25

DOCUMENT # NO1000004716

1. Entity Name

PETTIS SPRINGS WILDLIFE MANAGEMENT INC.

Principal Place of Business

Mailing Address

RT. 3 BOX 7M
GREENVILLE FL 32321

RT. 3 BOX 7M
GREENVILLE FL 32321

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

59-3730767

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

CONE, JAY A
E. US HWY 90
RT. 3 BOX 7 F
GREENVILLE FL 32331

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CONE, JAY
RT. 3 BOX 7 F
GREENVILLE FL 32321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S
Cone, Jay
RT 3 Box 7F
Greenville FL 32331 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PITTMAN, DONNIE
140 FRED WILLIAMS RD.
PERRY FL 32347 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FROSTICK, JIM
PO BOX 252
PERRY FL 32347 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jerry Davis
5972 Thornton Ln.
Tallahassee FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROWELL, ART
RT. 1 BOX 148
PERRY FL 32347 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAMBERS, TONY
MT. GILEAD RD.
PERRY FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Chambers, Tony
MT. GILEAD RD.
Perry FL 32347 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROWELL, RICHARD
RT. 1 BOX 148
PERRY FL 32347 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay A Cone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

850-948-2877

Daytime Phone #

CR2E037 (9/01)