

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

DOCUMENT # N99000003986

1. Entity Name

CAPITAL CITY PIPES MANAGEMENT & CONSULTING SERVI

FILED
May 30, 2000 8:00 am
Secretary of State

05-04-2000 90111 025 ****61.25

Principal Place of Business

1872 MILLS ST.
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 12368
TALLAHASSEE FL 32317-2368

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

59-3584264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GILLIAM, LEE
2032 DENNIS STREET
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 reinstalling)

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

TITLE PD ☐ Delete
NAME GILLIAM, LEE
STREET ADDRESS 2032 DENNIS ST.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☐ Delete
NAME WILLIAMS, THELMA S
STREET ADDRESS 8850 CELIA RD.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STD ☒ Delete
NAME GREENWOOD, REBECCA L
STREET ADDRESS 1872 MILLS ST.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE STD ☒ Change ☒ Addition
NAME Tomeka Session
STREET ADDRESS 1872 Mills St Bldg F
CITY-ST-ZIP Tallahassee, Fl. 32310

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)