

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90129 040 ***550.00

DOCUMENT # P00600054538

1. Entity Name
PIT-SHOPS, INC.

Principal Place of Business
5933 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312

Mailing Address
5933 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312

2. Principal Place of Business
5933 RAVENSWOOD ROAD
 Suite, Apt. #, etc.

3. Mailing Address
5933 RAVENSWOOD ROAD
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
Zip
33312
Country
USA

City & State
FT. LAUDERDALE, FL
Zip
33312
Country
USA

4. FEI Number
65-1025448

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

ANDERSON, KENNETH W
5933 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSVT ANDERSON, KENNETH W 5933 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KENNETH W 5933 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

954-985-8589

Daytime Phone #