

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90086 036 ***150.00

DOCUMENT # P00000078284

1. Entity Name

E & D PICKLES, INC.

Principal Place of Business

**RT. 11, BOX 4
 LAKE CITY FL 32055**

Mailing Address

**RT. 11, BOX 4
 LAKE CITY FL 32055**

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

59-3678891e

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

**PICKLES, WALLACE E JR.
 RT. 11, BOX 4
 LAKE CITY FL 32055**

Name

Wallace E Pickles Jr.

Street Address (P.O. Box Number is Not Acceptable)

RT 11 Box 4

City

Lake City

FL

Zip Code

32055

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

Wallace E. Pickles Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

1-13-01

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 **D** ☐ Delete
 NAME **PICKLES, WALLACE E JR.**
 STREET ADDRESS **6550 76TH ST., BOX 13**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☐ Delete
 NAME **PICKLES, DEBORAH C**
 STREET ADDRESS **6550 76TH ST., BOX 13**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Deborah C Pickles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01

Date

904-758-9900

Daytime Phone #

CR2E034 (10/00)