

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90086 004 ***150.00

0033122 AV

DOCUMENT # P01000042600

1. Entity Name
THE PIXLER GROUP, INC.



Principal Place of Business
**11721 WHITEBLUFF DRIVE SOUTH
JACKSONVILLE FL 32225**

Mailing Address
**11721 WHITEBLUFF DRIVE SOUTH
JACKSONVILLE FL 32225**



2. Principal Place of Business

215 S. Ocean Grande Dr

3. Mailing Address

215 S. Ocean Grande Dr

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3719821

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIXLER, JUNE C
11721 WHITEBLUFF DRIVE SOUTH
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Same**

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

215 S. Ocean Grande Dr.

#104

City **Ponte Vedra**

FL

Zip Code

32082

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIXLER, JUNE C PRESIDE 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S PIXLER, FRANK R VICE PR 11721 WHITE BLUFF DRIVE SOUTH JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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

April 1, 2003 (904)829-3359

Date

Daytime Phone #

CR2E034 (10/02)