

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90045 029 ***150.00

DOCUMENT # P01000046551

1. Entity Name
H PITTMAN ENTERPRISES, INC.

Principal Place of Business Mailing Address
4061 W SR 200 **4061 W SR 200**
CALLAHAN FL 32011 **CALLAHAN FL 32011**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3721081 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

HOLLEY, JULIE M
RT 3 BOX 5902 CR 121
HILLIARD FL 32046

Name **Julie M. Holley**
 Street Address (P.O. Box Number is Not Acceptable)
17001 Holley Oaks Ln.
 City **Hilliard** State **FL** Zip Code **32046**

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 Julie M. Holley Julie M. Holley DATE 4-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 <input type="checkbox"/> Delete
NAME	PITTMAN, JARRY J
STREET ADDRESS	4061 W SR 200
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D <input type="checkbox"/> Delete
NAME	PITTMAN, JOYCE S
STREET ADDRESS	4061 W SR 200
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLEY, JULIE M
STREET ADDRESS	RT3 BOX 5902 CR 121
CITY-ST-ZIP	CALLAHAN FL 32046
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pittman, Harry J.	
STREET ADDRESS	4061 W. SR. 200	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Harry J. Pittman **Harry J Pittman** DATE 4-17-02 DAYTIME PHONE # 904-879-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)