

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000014209

1. Entity Name

Pitts Production and Piston Sound Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1163 Vilas Ave
Suite, Apt. #, etc.
108

3. Mailing Address

P.O. Box 49291
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34237

Country

USA

Zip

34230

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mildred Randall

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

1163 Vilas Ave

City

Sarasota

FL

Zip Code

34237

**DO NOT WRITE
IN THIS SPACE**

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

Mildred Randall

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President/Owner</u> <u>Leon Pitts</u> <u>1163 Vilas Ave</u> <u>Sarasota, Fla. 34237</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>Mildred Randall</u> <u>2626 Wood St.</u> <u>Sarasota, Fla. 34237</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Bessie Pitts/Secretary</u> <u>2623 Wood St.</u> <u>Sarasota, FL 34237</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leon J. Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2005 941-954-4500

FILED
05 APR 28 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. RECORDS **0051**

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)