

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90106 001 ***150.00

DOCUMENT # P93000051224

Entity Name

GERALD L. PICKETT, P.A.

Principal Place of Business

~~SOUTH SEMINOLE AVENUE~~
~~INVERNESS FL 34452~~

**3600 E. GULF TO LAKE HWY
 INVERNESS, FL 34453**

Mailing Address

~~211 S SEMINOLE AVENUE~~
~~INVERNESS FL 34451-2108~~

P.O. Box 2108

00040450



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3600 E. GULF TO LAKE HWY.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 2108

City & State

INVERNESS FL

City & State

INVERNESS FL

4. FEI Number

59-3193888

Applied For

Not Applicable

Zip

34453

Country

CITRUS

Zip

34451-2108

Country

CITRUS

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PICKETT, GERALD L

~~211 S SEMINOLE AVENUE~~ **P.O. Box 2108**
INVERNESS FL 34452 34451-2108

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.

SIGNATURE

Gerald L. Pickett **GERALD L. PICKETT**

4/21/00

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 \$150.00

After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PICKETT, GERALD L	
STREET ADDRESS	211 S SEMINOLE AVENUE P.O. Box 2108	
CITY-ST-ZIP	INVERNESS FL 34451-2108	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Gerald L. Pickett **GERALD L. PICKETT**

Date

4/21/00

Daytime Phone #

(352) 726-1630

CR2E034 (9/99)