

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092560

1. Entity Name

PITCAR, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90011 005 ***150.00

Principal Place of Business

1952 PARK MEADOWS DR
STE 2
FT MYERS FL 33907
US

Mailing Address

1952 PARK MEADOWS DR
STE 2
FT MYERS FL 33907-3704
US

2. Principal Place of Business

1829 Cornwallis Parkway

Suite, Apt. #, etc.

3. Mailing Address

1829 Cornwallis Parkway

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0541588

Applied For

Not Applicable

Zip

Country

33904

USA

Zip

Country

33904

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTMAN, LARRY L
1952 PARK MEADOWS DR
STE 2
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Thomas Mitchell

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

1829 Cornwallis Parkway

City

Cape Coral

FL

Zip Code

33904

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

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 ☒ Delete
NAME PITTMAN, LARRY L
STREET ADDRESS 1952 PARK MEADOWS DR, 2
CITY-ST-ZIP FT MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T ☐ Change ☒ Addition
NAME Mitchell, Thomas
STREET ADDRESS 1829 Cornwallis Parkway
CITY-ST-ZIP Cape Coral, FL 33904

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)