

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092560

Entity Name
PITCAR, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90143 015 ***150.00

Principal Place of Business
2704 CLEVELAND AVENUE
FORT MYERS FL 33901
US

Mailing Address
1829 CORNWALLIS PKWY
CAPE CORAL FL 33904
US



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 704 CLEVELAND AVE. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State	
Zip 33901	Country USA	Zip	Country
4. FEI Number 65-0541588		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MITCHELL, THOMAS 1829 CORNWALLIS PKWY CAPE CORAL FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MITCHELL, THOMAS 1829 CORNWALLIS PKWY CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ Feb 6 2002 ✓ 941-945-3378
Date Daytime Phone #

CR2E034 (9/01)