

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017686

1. Entity Name

AUNT PITTIE PAT'S ATTIC, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90069 005 ***150.00

Principal Place of Business

20 N. JOHNSON STREET
HAWTHORNE FL 32640

Mailing Address

P.O. BOX 2259
HAWTHORNE FL 32640

2. Principal Place of Business

6750 SE 221ST ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAWTHORNE FL

City & State

Zip

32640

Country

ALACHUA

Zip

Country

4. FEI Number

59-3309635

Applied For

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

FIELDS, WILLIAMS C
20 N. JOHNSON STREET
HAWTHORNE FL 32640

Name

W. C. FIELDS

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

6750 SE 221ST ST

HAWTHORNE

City

FL

Zip Code

32640

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]

[Signature]

W. C. FIELDS VICE PRESIDENT-26-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	FIELDS, PATRICIA D.S.	
STREET ADDRESS	20 N. JOHNSON STREET	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FIELDS, WILLIAM C	
STREET ADDRESS	20 N. JOHNSON STREET	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. C. FIELDS VICE PRESIDENT 01-26-01

Date

Daytime Phone #

352
481-3425

CR2E034 (10/00)