## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000023436

Entity Name: PILOT BANCSHARES INC

FILED
DEC 16,2002 8:00 AM
Secretary of State

Entity Nam	e: PILOT BAI	NOSMARES, INC.		•
Current Principal Place of Business:			New Principal Place of Business:	
5140 E. FO\ TAMPA, FL	WLER AVE. 33617			
Current Mailing Address:			New Mailing Address:	
5140 E. FOWLER AVE. TAMPA, FL 33617				
PELINUMBER, 33-3304022			mber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
TAMPA, FL	WLER AVENU 33617 US	1		
The above in the State		submits this statement for the purpose	of changing its registere	ed office or registered agent, or both,
SIGNATURE:				
	Electron	ic Signature of Registered Agent		Date
This corporat	tion is eligible to	satisfy its Intangible Tax filing requirement	and elects to do so (X).	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:		Delete	Title:	( ) Change ( ) Addition
Name:	DEWEESE, WI		Name:	
Address:	5140 E. FOWLUTAMPA, FL 336		Address: City-St-Zip:	
City-St-Zip:	IMVICA, FL 330		•	( ) A date
Title:	• •	Delete	Title: Name:	( ) Change ( ) Addition
Name:	MILLS, BRETT 5140 E FOWLE	R AVE	Address:	
Address: City-St-Zip:	TAMPA, FL 330		City-St-Zip:	
			TH	( ) Change ( ) Addition
Title:		Delete	Title: Name:	( ) Change ( ) Madition
Name: Address:	PORTER, CHAI 5140 E. FOWLI		Address:	
City-St-Zip:	TAMPA, FL 33		City-St-Zip:	
•		. Dalata	Title:	( ) Change ( ) Addition
Title: Name:	D ( ) PUFFER, JOHN	) Delete J W III	Name:	(,,====================================
Address:	5140 E. FOWL		Address:	
City-St-Zip:	TAMPA, FL 33		City-St-Zip:	
Title:	D ()	) Delete	Title:	( ) Change ( ) Addition
Name:	ROSS, ANN M	•	Name:	•
Address:	5140 E. FOWL		Address:	
City-St-Zip:	TAMPA, FL 33	617	City-St-Zip:	
Title:	D. (	) Delete	Title:	( ) Change ( ) Addition
Name:	GOEHRING, R		Name:	
Address:	5140 E FOWLI	ER AVE	Address: City-St-Zip:	
City-St-Zip:	TAMPA, FL		ong-or-zip.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE: BRETT MILLS

Electronic Signature of Signing Officer or Director

05/31/2002

SMITH, DAVID 5140 E. FOWLER AVE. TAMPA, FL 33617

HARVILL, ALAN D. 5140 E. FOWLER AVE. TAMPA, FL 33617

TOMASINO, PAUL 5140 E. FOWLER AVE. TAMPA, FL 33617

SMITH, DAVID 5140 E. FOWLER AVE.

HARVILL, ALAN D. 5140 E. FOWLER AVE. TAMPA, FL 33617

TOMASINO, PAUL 5140 E. FOWLER AVE. TAMPA, FL 33617

HARVILL, ALAN D. 5140 E. FOWLER AVE. TAMPA, FL 33617

TOMASINO, PAUL 5140 É. FOWLER AVE. TAMPA, FL 33617