

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90034 011 \*\*\*150.00

**DOCUMENT # P95000023436**

1. Entity Name  
**PILOT BANCSHARES, INC.**



Principal Place of Business  
**5140 E. FOWLER AVE.  
TAMPA FL 33617**

Mailing Address  
**5140 E. FOWLER AVE.  
TAMPA FL 33617**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3304822**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUFFER, JOHN W III  
5140 E. FOWLER AVENUE  
TAMPA FL 33617**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEWESE, WILLIAM O</b> <b>5140 E. FOWLER AVE.</b> <b>TAMPA FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLS, BRETT</b> <b>5140 E FOWLER AVE</b> <b>TAMPA FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTER, CHARLES G</b> <b>5140 E. FOWLER AVE.</b> <b>TAMPA FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PUFFER, JOHN W III</b> <b>5140 E. FOWLER AVE.</b> <b>TAMPA FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSS, ANN M</b> <b>5140 E. FOWLER AVE.</b> <b>TAMPA FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOEHRING, ROLAND A</b> <b>5140 E FOWLER AVE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4033 Priory Circle</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15805 Hampton Village Dr</b> <b>Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 68</b> <b>Indian Rocks Beach, FL 33785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3013 Villa Rosa Park</b> <b>Tampa, FL 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>606 S. Riverhills Dr</b> <b>Temple Terrace, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12401 N 22nd St, Apt H304</b> <b>Tampa, FL 33612-4630</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-03**

Date

**813 344 4589**

Daytime Phone #

CR2E034 (10/02)

*Attachment*

90067040

# 9500002-3436

Item #10 Continued...

Title Director  
Name Paul Tomasino  
Street Address 12301 N. 52<sup>nd</sup> Street  
City-St-Zip Tampa, FL 33617

Title Director  
Name Alan D. Harvill  
Street Address 806 South Newport Avenue  
City-St-Zip Tampa, FL 33606

Title Director  
Name David J. Smith  
Street Address 18305 Tomlinson Drive  
City-St-Zip Lutz, FL 33549