

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90136 027 ***150.00

DOCUMENT # **P95000039453**

1. Entity Name **Pines Edge INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

768 Briarcliff Dr. Orange City FL
Suite, Apt. #, etc.

3. Mailing Address

768 Briarcliff Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange City FL

City & State

Orange City FL

4. FEI Number

59-2777711

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth S. Pine

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

768 Briarcliff Dr.

City

Orange City

FL

Zip Code

32763

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

Kenneth S. Pine

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

(NOTE: Registered Agent signature required when reinstating)

5/25/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Director
NAME	Kenneth S. Pine
STREET ADDRESS	768 Briarcliff Dr.
CITY-ST-ZIP	Orange City FL 32763
TITLE	President
NAME	Kenneth S. Pine
STREET ADDRESS	768 Briarcliff Dr.
CITY-ST-ZIP	Orange City FL 32763
TITLE	Secretary
NAME	Kenneth S. Pine
STREET ADDRESS	768 Briarcliff Dr.
CITY-ST-ZIP	Orange City FL 32763
TITLE	Treasurer
NAME	Kenneth S. Pine
STREET ADDRESS	768 Briarcliff Dr.
CITY-ST-ZIP	Orange City FL 32763
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth S. Pine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/03

Date

Daytime Phone #

CR2E034B (12/02)