

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90070 004 \*\*\*150.00

**DOCUMENT # P95000047701**

1. Entity Name

**PITMAN INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

W ADAMS ST.  
 JACKSONVILLE FL 32204

1104 W ADAMS ST.  
 JACKSONVILLE FL 32204-1106

2. Principal Place of Business

**5400 Longleaf St.**

Suite, Apt. #, etc.

3. Mailing Address

**5400 Longleaf St.**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3321597**

Applied For

Not Applicable

Zip

**32209**

Country

**Duval**

Zip

**32209**

Country

**Duval**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SLAPPEY, SUSAN P**  
**5400 LONGLEAF ST.**  
**JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PD** ☐ Delete  
**PITMAN, ROBERT**  
**5400 LONGLEAF ST.**  
**JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**EVD** ☐ Delete  
**PITMAN, DONALD D**  
**5400 LONGLEAF ST.**  
**JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**STD** ☐ Delete  
**SLAPPEY, SUSAN P**  
**5400 LONGLEAF ST.**  
**JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D** ☐ Delete  
**PITMAN, E.H.**  
**5400 LONGLEAF ST.**  
**JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)