2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

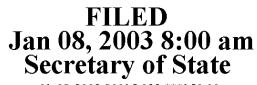
DOCUMENT #

P95000048099



1. Entity Name PITCHER GROUP, INC.

Principal Place of Business Mailing Address P.O. BOX 120 1734 LAKE CYPRESS DR SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695



01-08-2003 90015 033 ***150.00



| US | | | _ | | |
|---|---|---------------------|---------------------------------------|--|----------|
| . Principal Pla | ice of Business | 3. Mailing Address | | (100 100 110 00 0 8:111 80:11 00:11 00:11 00:11 10:11 10:11 10:11 10:11 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF, MAKING CHANGES | |
| City & State | | City & State | | 4. FEI Number 65-0610916 Applied For Not Applicable | le_ |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | 4 |
| | | | Name | - | |
| PITCHER, BRUCE 1734 LAKE CYPRESS DRIVE SAFETY HARBOR FL 34695 | | | Street Addres | ess (P.O. Box Number is Not Acceptable) | |
| | | | City | FL Zip Code | \dashv |
| the obligation | named entity submits this statement on sof registered agent. Signature, typed or printed name of registered agent. | | egistered office or regis | gistered agent, or both, in the State of Florida. I am familiar with, and accept 1/1/33 equired when reinstating) DATE | it |
| FILE NOW!!! FEE IS \$1/50.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST PITCHER, BRUCE L 1734 LAKE CYPRESS DRIVE SAFETY HARBOR FL 34695 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | on |
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12. I hereby certify that the information supplied win 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 reports 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 endowered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR