

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078331

1. Entity Name

PICK-UP MASTERS, INC.

Principal Place of Business
3233 U.S. HIGHWAY 98, SOUTH
LAKELAND FL 33803

Mailing Address
3233 U.S. HIGHWAY 98, SOUTH
LAKELAND FL 33803-8359

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State

Zip
Country
Zip
Country

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90092 020 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3345215	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, RODNEY
3233 U.S. HIGHWAY 98 SOUTH
LAKELAND FL 33803

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, RODNEY H P.O. BOX 1726 N/A EATON PARK FL 3340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, NANCY L P.O. BOX 1726 N/A EATON PARK FL 3340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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: *Rodney H. Bryant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 863 665-2308
Date Daytime Phone #

CR2E0341999