

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082944

1. Entity Name

PIT ROAD, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90079 011 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 702317
ST. CLOUD FL 34770-2317

POST OFFICE BOX 702317
ST. CLOUD FL 32835-2619

2. Principal Place of Business

7402 Park Springs Circle

3. Mailing Address

7402 Park Springs Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32835

City & State

Orlando, FL 32835

Zip

32835

Country

Zip

32835

Country

4. FEI Number

59-3410945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESNUT, BERT
1633 EAST VINE STREET
SUITE 207
KISSIMMEE FL 34744

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

Teresa A Mast

2-17-00

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 PD ☐ Delete
NAME MAST, TERESA A
STREET ADDRESS 7725 BELVOIR DRIVE
CITY-ST-ZIP ORLANDO, FL 32835

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

TITLE VSD ☐ Delete
NAME MAST, JERRY
STREET ADDRESS 7725 BELVOIR DRIVE
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Teresa A Mast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

Daytime Phone #

CR2E034 (9/99)