

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019177

1. Entity Name
PIMA CORPORATION

Principal Place of Business
1331 SEAGULL DR., S
ST PETERSBURG FL 33707

Mailing Address
1331 SEAGULL DR., S
ST PETERSBURG FL 33707

2. Principal Place of Business
1849 S. Power Rd.

3. Mailing Address
1849 S. Power Rd.

Suite, Apt. #, etc.

Unit 1307

Suite, Apt. #, etc.

Unit 1307

City & State

Mesa, AZ

City & State

Mesa, AZ

Zip
85206

Country

Zip
85206

Country

4. FEI Number
58-2305782

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PD, BAGGS JAMES
1331 SEAGULL DRIVE SOUTH
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name
Stephen A. Macy, CPA

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

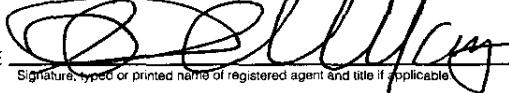
7400 Bryan Dairy Rd. N.

Suite B

City
Largo

FL Zip Code
33771

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


(NOTE: Registered Agent signature required when reinstating)

3/2/01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BAGGS, JAMES T
1331 SEAGULL DR., SOUTH
ST PETERSBURG FL 33707

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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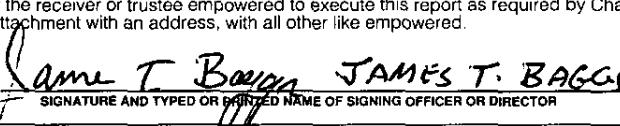
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: 
JAMES T. BAGGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

480-641-6765

Date

Daytime Phone #