

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90042 036 ***150.00

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 J AMES
 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)
 7600 Bryan Dairy Rd. N.
 Suite B
 City **Largo** FL Zip Code **33717**

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] **Stephen A. Macy**

3/2/01

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, 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 **PD** ☐ Delete
 NAME **BAGGS, JAMES T**
 STREET ADDRESS **1331 SEAGULL DR., SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature] **JAMES T. BAGGS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

480-641-6765

Daytime Phone #

CR2E034 (10/00)