2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P97000019177 1. Entity Name 05-19-2002 90040 033 ***150.00 PIMA CORPORATION Principal Place of Business Mailing Address 1849 S POWER RD 1849 S POWER RD T W U U I I **UNIT 1307 UNIT 1307** MESA AZ 85206 MESA AZ 85206 3. Mailing Address 2. Principal Place of Business 10358 97 10358 street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2305782 nargo Not Applicable Sountry \$8.75 Additional 5. Certificate of Status Desired inellas 33 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACY, STEPHEN A CPA Street Address (P.O. Box Number is Not Acceptable) -78689-BRYAN DAIRY RD N STE B LARGO FL 33777 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Baggs BAGGS, JAMES T NAME NAME STREET ADDRESS 1331-SEAGULL DR., SOUTH STREET ADDRESS CITY-ST-ZIP ST-PETERSBURG FL 33707 CITY-ST-ZIP TITLE: 설계 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition Change NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MAME OF SIGNING OFFICER OR DIRECTOR