

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058436

1. Entity Name

PIPKIN PINES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90194 042 ***150.00

Principal Place of Business

Mailing Address

2108 SAWGRASS VILLAGE DR.
PONTE VEDRA BEACH FL 32082

2108 SAWGRASS VILLAGE DR.
PONTE VEDRA BEACH FL 32082-3043

2. Principal Place of Business

3. Mailing Address

5150 PALM VALLEY ROAD

5150 PALM VALLEY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 2 STE 100

BLDG 2 STE 100

City & State

City & State

PONTE VEDRA BEACH, FL

PONTE VEDRA BEACH, FL

Zip

Country

Zip

Country

32082

32082



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3489967

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

ZYSKI, JERRY

2108 SAWGRASS VILLAGE DR.

PONTE VEDRA BEACH FL 32082

Name

ZYSKI, JERRY

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

5150 PALM VALLEY ROAD

BLDG 2 STE 100

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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)

3/31/00
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 ☐ Delete
NAME P
STREET ADDRESS DEESE, PAUL
CITY-ST-ZIP 204 CENTURY 21 DR
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME P
STREET ADDRESS ZYSKI, JERRY
CITY-ST-ZIP 12305 ARBOR DR
PONTE VEDRA FL 32082

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS ROGERS, J R
CITY-ST-ZIP 8010 WHISPER LAKE LN E
PONTE VEDRA BCH FL 32082

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 904 280 8070
Date Daytime Phone #

CR2E034 (9/99)