

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000069485
1. Entity Name L.S. Pitts Enterprises and Piston Sound Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1163 Vilar Ave Suite, Apt. #, etc.
3. Mailing Address P.O. Box 49291 Suite, Apt. #, etc.

City & State Sarasota, FLA. City & State Sarasota, FL
Zip 34237 Country USA Zip 34230 Country USA

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 65-0010160 Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Leon Pitts
Street Address (P.O. Box Number is Not Acceptable) 2626 Wood St.
City Sarasota FL Zip Code 34237

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u> <u>Leon Pitts</u> <u>2626 Wood St</u> <u>Sarasota FL 34237</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leon S. Pitts April 25, 2002 (941) 954-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
02 JUN 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

27339

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CR2E034B (12/01)