

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 026 ***150.00

DOCUMENT # *P97000071927*

1. Entity Name

Pine Trace Acres, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 154

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 154

Suite, Apt. #, etc.

City & State

Madison

City & State

Madison

4. FEI Number

593475130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Frances S. Copeland*

Street Address (P.O.-Box Number is Not Acceptable) *Pine Trace Acres Inc.*

600 West Base St.

City *Madison*

FL

32341

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frances S. Copeland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>
NAME	<i>Walter C. Copeland</i>
STREET ADDRESS	<i>600 W Base</i>
CITY-ST-ZIP	<i>Madison, FL 32341</i>
TITLE	<i>Sec.</i>
NAME	<i>B. R. Stewart</i>
STREET ADDRESS	<i>387 NE Foxglove Ln.</i>
CITY-ST-ZIP	<i>Dinette, FL 32350</i>
TITLE	<i>Treas</i>
NAME	<i>Frances S. Copeland</i>
STREET ADDRESS	<i>600 W Base St.</i>
CITY-ST-ZIP	<i>Madison, FL 32341</i>
TITLE	
NAME	
STREET ADDRESS	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances S. Copeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

850-973-6341

Daytime Phone #

CR2E034B (12/02)