

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90189 034 \*\*\*150.00

DOCUMENT # P97000079984

1. Entity Name

PUMPKIN HILL, INC.

Principal Place of Business

21 AVILES ST  
ST AUGUSTINE FL 32084

Mailing Address

21 AVILES ST  
ST AUGUSTINE FL 32084

2. Principal Place of Business

4435 EMERSON ST  
Suite, Apt. #, etc.

3. Mailing Address

2816 ANNETTE CIRCLE  
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32207

Country

FLORIDA

Zip

32216

Country

FLORIDA

4. FEI Number

59-3468187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMURRY, FAYE L  
21 AVILES ST  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

2816 ANNETTE CIRCLE

City

JACKSONVILLE

FL

Zip Code

32216

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

*Faye L. McMurry*

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

(NOTE: Registered Agent signature required when reinstating)

1/18/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MCMURRY, FAYE L  
21 AVILES ST  
ST AUGUSTINE FL 32084

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MCMURRY, JAMES M  
21 AVILES ST  
ST AUGUSTINE FL 32084

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2816 ANNETTE CIRCLE  
JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2816 ANNETTE CIRCLE  
JACKSONVILLE, FL 32216

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

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

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

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

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:

*Faye L. McMurry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01  
904-724-0322

CR2E034 (10/00)