2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000079984



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Na PUMPKII	me N HILL, INC.							03-03-2003 9	0856 026	***150	0.00	
Principal Place of Business 4435 EMERSON ST JACKSONVILLE FL 32207 Mailing Address 2816 ANNETTE CIR JACKSONVILLE FL 32216					1							
2. Principal	Place of Business	3. Mai	3. Mailing Address					* 1 00 071 00 7 110 10011 10011 00111 001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ii (8))) elel (88)	
Suite, Apt	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	ite .	City	City & State			4. FEI Number 59-3468187				Applied For Not Applicable		
Zip	Country		Zip		Country		5 . C	ertificate of Status Desired		3.75 Ad	Iditional	1
6. Name and Address of Current Registered Agent					,		7 N	ama and Address of New Da		e Requir	ed	4
The state of the s					Name		7. NO	ame and Address of New Re	gisterea Agi	ent		-
MCMURRY, FAYE L												
2816 ANNETTE CIRCLE					Street Add	dress (P.	O. Bo	x Number is Not Acceptable)				
JACKSONVILLE FL 32216									~			┨
					City							1
: ·					City				FL	Zip Coo		
8. The above the obligation	e named entity submits this statemen tions of registered agent.	t for the purp	ose of changing its	registere	ed office or re	egistered	d ager	nt, or both, in the State of Flori	da. I am fam	iliar with,	and accept	1
SI [®] GNATURE												
	Signature, typed or printed name of registered ag	ent and title it appl	icable. (NOTE	: Registered	d Agent signature	required w	hen rein:	stating)	DATE	_		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				•				Election Campaign Fina Trust Fund Contribution.	ncing		00 May Be d to Fees	
10. OFFICERS AND DIRECTORS							ADD	ITIONS/CHANGES TO OFFIC	EBS AND DI	RECTOR	S IN 11	4
TITLE	DPS Delete			TITLE	<u> </u>			1020 10 01110		Change	Addition	18
NAME	MCMURRY, FAYE L			NAME					_			ĕ
STREET ADDRESS CITY-ST-ZIP	2816 ANNETTE CIRCLE JACKSONVILLE FL 32216				ET ADDRESS ST-ZIP							CR2E034 (10/02)
TITLE	DVT		☐ Delete	TITLE				·] Change	Addition	1 22
NAME	MCMURRY, JAMES M		NAME					_	go	7 14410011	0	
STREET ADDRESS	2816 ANNETTE CIRCLE				T ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32216			CITY-	ST-ZIP]
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NAME			- Delete	NAME					L	Change	☐ Addition	
STREET ADDRESS					T ADDRESS							1

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Delete

☐ Change

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