

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092153

1. Entity Name

PYRO DISTRIBUTION, INC.

Principal Place of Business

697 E ALTAMONTE SPRINGS DR
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

220 S FRANKLIN ST
TAMPA FL 33602

2. Principal Place of Business

1176 ENISWOOD PARKWAY

3. Mailing Address

3409 W. FLETCHER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

TAMPA, FL

Zip

34683-2022

Country

Zip

33618-2813

Country

FLORIDA

4. FEI Number

65-0802771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVITZ, EDWARD O
220 S FRANKLIN ST
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 VPST
NAME RICHEY, LARRY D. ☐ Delete
STREET ADDRESS ONE TAMPA CITY CENTER STE 1900
CITY-ST-ZIP TAMPA FL 33602

TITLE P
NAME JOHNSON, RONALD E. ☐ Delete
STREET ADDRESS 5 OLD STRATTON CHASE
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

Larry D. Richey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01
Date

(813) 204-5317
Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90007 027 ***150.00

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DO NOT WRITE IN THIS SPACE

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