

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90834 013 ***150.00

DOCUMENT # P98000016774

1. Entity Name

PETITT CAPITAL CORP.

Principal Place of Business

Mailing Address

**3535 SE DOUBLETON DRIVE
STUART FL 34997**

**3535 SE DOUBLETON DRIVE
STUART FL 34997**

2. Principal Place of Business

3286 SW Solitaire Palm Dr.

3. Mailing Address

3286 SW Solitaire Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34990

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETITT, RICHARD G
3535 SE DOUBLETON DR
STUART FL 34997**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS & incorrect title** ☐ Delete
NAME **PETITT, RICHARD C** **incorrect initial**
STREET ADDRESS **3286 SW SOLITAIRE PALM DR** **incorrect address**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **President** ☒ Change ☐ Addition
NAME **Petitt, Richard G.**
STREET ADDRESS **3535 SE Doubleton Dr**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **VP** ☐ Delete
NAME **PETITT, BRIAN M**
STREET ADDRESS **3286 SW SOLITAIRE PALM DR**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)