

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98 0000 22318**

1. Entity Name
Pit Corp.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90127 029 ***150.00

Principal Place of Business Mailing Address
2103 Captains' Way Jupiter, FL, 33477 **2103 Captain's Way Jupiter, FL, 33477**

A0028122

2. Principal Place of Business **see above**
Suite, Apt. #, etc.

3. Mailing Address **see above**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country

4. FEI Number **65-0835806** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Jürgen Wolff
2103 Captains' Way
Jupiter, FL, 33477

7. Name and Address of New Registered Agent
Name **Jürgen Wolff**
Street Address (P.O. Box Number is Not Acceptable) **2103 Captains' Way**
City **Jupiter** FL Zip Code **33477**

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]**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-00

9. 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, 2000 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 Wolff, Gitta Zur-Wieden-Weg 23 42287 Wuppertal (Germany) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wolff, Jürgen Zur-Wieden-Weg 23 42287 Wuppertal (Germany) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **(Wolff)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 (561) 743-1262

Date

Daytime Phone #

CR2E034 (9/99)