

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000041857**

1. Entity Name

**STARK-PIKE, INC.****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90067 005 \*\*\*150.00

002674

Principal Place of Business

**1834 HERMITAGE BLVD., STE. 201  
TALLAHASSEE FL 32308**

Mailing Address

**1834 HERMITAGE BLVD., STE. 201  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**300 Summerbrooke Drive**

3. Mailing Address

**300 Summerbrooke Drive**

Suite Apt # etc.

Suite Apt # etc.

City &amp; State

**Tallahassee, FL**

City &amp; State

**Tallahassee, FL**

Zip

**32312**

Country

**U.S.A.**

Zip

**32312**

Country

**U.S.A.**

4. FEI Number

**59-3591425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BREWSTER, JAMES R ESQ.  
547 N. MONROE ST., STE. 203  
TALLAHASSEE FL 32301**

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 | NAME                       | STREET ADDRESS              | CITY-ST-ZIP                 | <input type="checkbox"/> Delete |
|-------|----------------------------|-----------------------------|-----------------------------|---------------------------------|
|       | <b>D</b>                   |                             |                             |                                 |
|       | <b>MOTTICE, KATHLEEN H</b> | <b>300 SUMMERBROOKE DR.</b> | <b>TALLAHASSEE FL 32312</b> |                                 |
|       | <b>D</b>                   |                             |                             |                                 |
|       | <b>MOTTICE, H. JAY</b>     | <b>300 SUMMERBROOKE DR.</b> | <b>TALLAHASSEE FL 32312</b> |                                 |
|       |                            |                             |                             |                                 |
|       |                            |                             |                             |                                 |
|       |                            |                             |                             |                                 |
|       |                            |                             |                             |                                 |
|       |                            |                             |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)