

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90024 020 \*\*\*150.00

**DOCUMENT # P99000043610**

1. Entity Name  
**PITTS INDUSTRIES INC.**

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Principal Place of Business                      Mailing Address  
**2035 15TH STREET. SW                      2035 15TH STREET. SW**  
**VERO BEACH FL 32962                      VERO BEACH FL 32962-6123**

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2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

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City & State                      City & State

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Zip                      Country                      Zip                      Country

**C0030881**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0917005**                      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PITTS, GREGORY L</b> <b>2035 15TH STREET, SW</b> <b>VERO BEACH FL 32962</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTS, GREGORY L</b> <b>2035 15TH STREET, SW</b> <b>VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTS, PATRICIA E</b> <b>2035 15TH STREET, SW</b> <b>VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete	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"/> Delete	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 *Patricia Pitts*                      Date **2-28-00**                      Daytime Phone # **561-569-0672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)