

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072571

i. Entity Name

PITCHTHIS.COM, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90187 045 \*\*\*150.00

Principal Place of Business Mailing Address  
SWEETWATER TERR. CIRCLE 5433 SWEETWATER TERR. CIRCLE  
- FL 33634 TAMPA FL 33634-7351

646725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
8313 W. Hillsborough Ave. 8313 W. Hillsborough Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 220 Suite 220  
City & State City & State  
Tampa, Florida Tampa, Florida  
Zip Country Zip Country  
33615 USA 33615 USA

4. FEI Number 59-3592890 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

LYONS, GARY W  
311 SOUTH MISSOURI AVENUE  
CLEARWATER FL 33756

## 7. Name and Address of New Registered Agent

Name James A. Martin, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
625 Court Street  
City Clearwater FL Zip Code 33756

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 *James A. Martin, Jr.* (NOTE: Registered Agent signature required when reinstating)

4/19/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WAYMAN, G.F. DUSTYN	
STREET ADDRESS	5433 SWEETWATER TERR. CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENNERA, JOSEPH	
STREET ADDRESS	5433 SWEETWATER TERR. CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dustyn Wayman* Dustyn Wayman, President 4/11/00 813-273-4337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)