

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-19-2001 90047 043 ***150.00

DOCUMENT # P99000107817

1. Entity Name
REBECCA K. PITTS, DMD, PA

Principal Place of Business
5272 SHORELINE CIRCLE
LAKE FOREST FL 32771

Mailing Address
5272 SHORELINE CIRCLE
LAKE FOREST FL 32771

2. Principal Place of Business
3300 LAKE MARY BLVD.

3. Mailing Address
5272 SHORELINE CIRCLE

Suite, Apt. #, etc.
250

Suite, Apt. #, etc.

City & State
LAKE MARY, FL.

City & State
LAKE FOREST, FL

Zip
32746

Country
SEMINOLE

Zip
32771

Country
SEMINOLE

4. FEI Number
59-3611979

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

PITTS, REBECCA K
5272 SHORELINE CIRCLE
LAKE FOREST FL 32771

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. ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K. PITTS CHAIRMAN 5272 SHORELINE CIRCLE LAKE FOREST FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H. CHARLES PITTS JR. DIRECTOR 5272 SHORELINE CIRCLE LAKE FOREST FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K PITTS PRESIDENT SAME	<input type="checkbox"/> Delete FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K PITTS VIC PRESIDENT SAME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K PITTS TREASURER SAME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K PITTS SECRETARY SAME	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA K PITTS DIRECTOR SAME	<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
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

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:

REBECCA K. PITTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/01

Date

(407) 302-7947

Daytime Phone #

REBECCA PITTS

CR2034 (10/00)