

2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90089 023 ***150.00

DOCUMENT # P99000107823

1. Entity Name

PINE ISLAND PROPERTIES GROUP, INC.

Principal Place of Business

**3718 PINETREE DRIVE
 ST. JAMES CITY FL 33956**

Mailing Address

**PO BOX 807
 ST. JAMES CITY FL 33956**

2. Principal Place of Business

2381 OLEANDER ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. JAMES CITY, FL

City & State

4. FEI Number

65-0966940

Applied For

Not Applicable

Zip

33956

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, BEVERLY J
 3718 PINETREE DRIVE
 ST. JAMES CITY FL 33956**

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

Beverly J. Allen

4/15/2001

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 **D** ☐ Delete
 NAME **ALLEN, BEVERLY J**
 STREET ADDRESS **3718 PINETREE DRIVE**
 CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE **D** ☐ Delete
 NAME **ROWLS, SUELLEN**
 STREET ADDRESS **3718 PINETREE DRIVE**
 CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Beverly Joan Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2001

Date

941-283-1044

Daytime Phone #

CR2E034 (10/00)