

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15726

1. Entity Name

PITTS SALES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90093 034 \*\*\*158.75

Principal Place of Business

Mailing Address

7522 WILES ROAD  
SUITE 112  
CORAL SPRINGS FL 33067

7522 WILES ROAD  
SUITE 112  
CORAL SPRINGS FL 33067-2056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0312403

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, VINCENT  
7111 HIALEAH LN.  
SUITE 112  
CORAL SPRINGS FL 33067

*New Address*

Name

Street Address (P.O. Box Number is Not Acceptable)

7610 MARBLEHEAD CT

City

PARKLAND

FL

Zip Code

33067

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, 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 ☐ Delete  
NAME PT  
STREET ADDRESS PITTS, VINCENT  
CITY-ST-ZIP 7111 HIALEAH LANE  
PARKLAND FL 33067

TITLE ☐ Change ☐ Addition  
NAME *CHANGE OF ADDRESS*  
STREET ADDRESS 7610 MARBLEHEAD CT  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS PITTS, JEANNETTE  
CITY-ST-ZIP 7111 HIALEAH LANE  
PARKLAND FL 33067

TITLE ☐ Change ☐ Addition  
NAME *CHANGE OF ADDRESS*  
STREET ADDRESS 7610 MARBLEHEAD CT  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-341-8135