

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91347 020 ***150.00

DOCUMENT # L03317

1. Entity Name

PIONEER HEIGHTS, INC.



Principal Place of Business

**6251 PALM VISTA ST
PORT ORANGE FL 32124
US**

Mailing Address

**% JAMES J. KEARN
138 LIVE OAK AVE
DAYTONA BCH FL 32114
US**

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

31-1276284

Applied For

Not Applicable

5. Certificate of Status Desired

☐ = **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KEARN, JAMES J
138 LIVE OAK AVE
DAYTONA BCH FL 32114**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**PTS
JUSTICE, PAUL S
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

TITLE NAME ☐ Delete

**D
JUSTICE, PAUL S
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

TITLE NAME ☐ Delete

**D
COLEMAN, BURLIN
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

TITLE NAME ☐ Delete

**D
DESKINS, WILLIAM M
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

TITLE NAME ☐ Delete

**V
HURT, JEFF
138 LIVE OAK AVENUE
DAYTONA BEACH FL 32114**

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 386-230-0855

Date Daytime Phone #

CR2E034 (10/02)