2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

640153 **DOCUMENT #**

1. Entity Name

TITLE

NAME

STREET ADDRESS

PIONEER NATIONAL, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90836 042 ***150.00

Principal Place of Business P.O. BOX 140668 CORAL GABLES FL 33134-7668		Mailing Address P.O. BOX 140668 CORAL GABLES FL 33134-7668							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 59-1984838	Applied For Not Applicable				
Zip	· Country	Zip	Country		\$8.75 Additional Fee Required				
6	Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent					
M.J.F. REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES FL 33134			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
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									
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 \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND					
STREET ADDRESS HOL	/A, DEAN JSE 96 ROOK, PANAMA	.: □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition				

	ALBROOK, PANAMA		CITY-ST-ZIP	·	 	
NAME STREET ADDRESS	ST HOMA, BRUCE HOUSE 145B ALBROOK, PANAMA	□ Delete .	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
STITLE NAME STREET ADDRESS	V HOMA, C. WIILIAM HOUSE 792 X BALBOA, PANAMA	- Delete	NAME STREET ADDRESS CITY-ST-ZIP	مجتمي سنتسائ	 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CITY-ST-ZIP 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 rame 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

Change

☐ Addition

Affachment +

Law Offices

MICHAEL J. FREEMAN, P.A. 153 Sevilla Avenue

Coral Gables, Florida 33134-6006

Reply to: P.O. Box 140668 Coral Gables, Florida 33114-0668 Tel: (305) 442-1567 Fax: (305) 442-1227

February 18, 2003

Secretary of State **Division of Corporations Annual Report Section** P.O. Box #1500 Tallahassee, Florida 32302-1500

PIONEER NATIONAL, INC. Re:

Document #640153

Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

- Executed 2003 Uniform Business Report; 1.
- My client's check #213 the amount of \$150.00, representing the filing 2. fee.

Thank you for your courtesies in this matter.

Very truly yours,

MICHAEL J. FREEMAN

MJF:lc enc.