

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90053 023 \*\*\*158.75

047850 AV

**DOCUMENT # 270700**

1. Entity Name  
**R.L. PEARSON & SONS, INC.**

Principal Place of Business

~~132 LINCOLN RD~~  
**PO BOX 2275**  
**WINTER HAVEN FL 33884-2275**  
**US**

Mailing Address

**PO BOX 2275**  
**WINTER HAVEN FL 33884-2275**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business--

**PO Box 2275**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Winter Haven FL**

City & State

Zip

**33883**

Country

Zip

**33883-2275**

Country

4. FEI Number

**59-1005079**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PEARSON, E J**  
**4327 PROAM AVE EAST**  
**BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name **Embrece J PEARSON JR**

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

**2402 Berkshire Lane**

City

**Winter Haven**

FL

Zip Code

**33884**

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

*Embrece J Pearson Jr*

**Embrece J. PEARSON JR**

**4-15-02**

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, 2002 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 **DST** ☒ Delete  
 NAME **PEARSON, E J**  
 STREET ADDRESS **4327 PROAM AVE EAST**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **PD** ☐ Delete  
 NAME **PEARSON, E J JR**  
 STREET ADDRESS **132 LINCOLN ROAD**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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 **D ST** ☒ Change ☐ Addition  
 NAME **LORRAINE P ANDERSON**  
 STREET ADDRESS **5961 Baker Rd**  
 CITY-ST-ZIP **Huntington WV 25705**

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP

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

CR2E034 (9/01)

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:

*Embrece J Pearson Jr*

**Embrece J PEARSON JR**

**4-15-02**

**863**

**324-2458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #