

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90151 011 ***150.00

00000003

DOCUMENT # 515935

1. Entity Name

PILGRIM MARKETING INC.

Principal Place of Business

2849 EXECUTIVE DRIVE
 SUITE 100
 CLEARWATER FL 34622
 US

Mailing Address

2849 EXECUTIVE DRIVE
 SUITE 100
 CLEARWATER FL 34622
 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

04-2596327

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

KERN, A. CHARLES III
2849 EXECUTIVE DR.
SUITE 100
CLEARWATER FL 34622

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T D ☐ Delete
 NAME KERN, ARTHUR C. JR.
 STREET ADDRESS 1460 GULF BLVD, SUITE 112
 CITY-ST-ZIP CLEARWATER FL

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

D ☐ Delete
 NAME KERN, FRANCINA B
 STREET ADDRESS 1460 GULF BLVD., SUITE 112
 CITY-ST-ZIP CLEARWATER FL

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

D P ☐ Delete
 NAME KERN, ARTHUR C., III
 STREET ADDRESS 210 OSCEOLA ROAD
 CITY-ST-ZIP BELLEAIR FL

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

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☐ Change ☐ Addition
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 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

Francina B. Kern FRANCINA B KERN

Date

Daytime Phone #

4/9/01 727-596-3641

CR2E034 (10/00)