

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90009 045 ***150.00

DOCUMENT # **515935**

1. Entity Name

PILGRIM MARKETING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19321-C US HWY 19 N

Suite, Apt. #, etc.

3. Mailing Address

19321-C US HWY 19 N

Suite, Apt. #, etc.

54018206

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

04-2596327

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARTHUR C KERN III

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

210 OSCEOLA RD

City

BELLEAIR

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ARTHUR CHARLES KERN III
210 OSCEOLA RD
BELLEAIR, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
ARTHUR C. KERN JR
1460 GULF BLVD #112
CLEARWATER, FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
FRANCINA B. KERN
1460 GULF BLVD #112
CLEARWATER FL 33767**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Francina B. Kern dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

727-596-3641

Daytime Phone #

CR2E034B (12/02)