## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #5/5935

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PILGRIM MARKETING, INC.



## **FILED** Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90009 045 \*\*\*150.00

727-596-3641

Daytime Phone #

			TO WE TO					
	DO NOT WRITE	IN THIS SE	PACE					
Principal Place of Business     3. Mailing Address			<u>i. Astronio sentiti Astronio.</u>			·	0000	
,		19321-C US HWY 19 N		4	54018206			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	9	City & State			Number		Applied For	
CLEARU	·	CLEARWATER	FL	04	-2596327		Not Applicable	
33769	Country USA	33764	Country (&A	<b>5.</b> Ce	rtificate of Status Desired		3.75 Additional e Required	
				7. Nam	e and Address of Current Regis	tered A	gent	
DO NOT WRITE ARTHUR CIGERN TIL								
					s (P.O. Box Number is Not Acceptable)_			
IN THIS SPACE								
			City				Zip Code	
	alliga ter i gregori en en en entregado i frantesi de proprio del tende en en en en Mandria al esta de la companya de l	at their states on the supplication of anti-contraction of the state o	BEUG	FAIR		FL	33756	
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								
	nuary 1 - May 1 Fee is \$150.00	12		_	6 Floring Commission Commission		<b>*</b> • • • • • • • • • • • • • • • • • • •	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				<ol><li>Election Campaign Financin Trust Fund Contribution.</li></ol>	g 	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				processor of the first of		Selected and an official		
10.	OFFICERS AND	1	TIFLE			ACOLLOI TRAZELLE	- 1	
NAME ,	ARTHUR CHARLE	S KERN III	NAME			Mary Marie 19		
STREET ADDRESS	210 OSCEOLA 1	STREET ADDRESS						
CITY-ST-ZIP	BELLEAIR, FL	CITY-ST-ZIP	a fill in the					
TITLE NAME	TREASURER ARTHUR C, KEA	AL JR	TITLE					
STREET ADDRESS	1460 GULF BLYD	#112	STREET ADDRESS				Francisco (C. C. C	
CITY-ST-ZIP	CLEAR WATER .		CHY-ST-ZIP			6 g (4 g 2 g (4 g )		
. TITLE	DIRECTOR -	·	TITLE	dha bibyy i L				
NAME STORET NORBEGO	FRANCINA B. 1460 GULF BLYA	KERN # 112	NAME STREET ADDRESS		and and the second of the seco			
STREET ADDRESS CITY-ST-ZIP	CLEARWATER	FL 33767	CITY-ST-ZIP		DO NOT W	RIT	E	
TITLE		<u> </u>	une	ing the first of the second	INTUIC CE	A (^		
NAME			NAME	400	IN THIS SP	AL		
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CITY-ST-ZIP			CITY-ST-ZIP	<del>raikiliya,</del>				
TITLE NAME			NAME		Marie Tre Calegraphic of the marie and the m	gifty II.		
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CITY-ST-ZIP			CITY-ST-ZIP			er en		
TITLE		-	TITLE	Section 1		W		
NAME STREET ADDRESS			NAME STREET ADDRESS	4	* *			
CITY-ST-ZIP			CITY-ST-ZIP			e Angles de		
12. hereby o	certify that the information supplied wit	h this filing does not qualify for	the exemption stated in S	Section 11	9.07(3)(i), Florida Statutes. I furth	er 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 ottop of the proportion of the corporation 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 ottop of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of								
attachment with an address, with all other like empowered.								