

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90090 045 \*\*\*150.00

**DOCUMENT # F98000004473**

1. Entity Name  
**PIONEER BROKERS, INC.**

Principal Place of Business Mailing Address  
~~190 MONROE CENTER SUITE 408~~ ~~190 MONROE CENTER SUITE 408~~  
~~GRAND RAPIDS MI 49503~~ ~~GRAND RAPIDS MI 49503~~  
**17150 148th St.** **17150 148th St.**  
**Spring Lake, MI 49456** **Spring Lake, MI 49456**

**822406**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**17150 148th St.** **17150 148th St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Spring Lake, MI 49456** **Spring Lake, MI 49456**  
 Zip Country Zip Country

4. FEI Number **38-2995600** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEMARIA, JOHN**  
~~15065 MCGREGOR BLVD. SUITE 104~~  
~~FORT MYERS FL 33908~~  
**15065 McGregor Blvd., Suite 104**  
**Fort Myers, FL 33908**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PCST	DEMARIA, JOHN	<del>9900 SUNSET GORE UNIT 112</del> <b>11401 Osprey Landing Way</b>	<del>Fort Myers, FL 33908</del> <b>Fort Myers, FL 33908</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PCST	DeMaria, John	11401 Osprey Landing Way	Fort Myers, FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: John De Maria Date: 12-10-00 Daytime Phone #: 816 844-1813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR