2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J28242

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SARASOTA, FL 34240

() Delete

Entity Name: PIONEER PLAZA INCORPORATED

FILED Mar 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 139 HICKPOCHEE AVE EAST LABELLE, FL 33975 **Current Mailing Address: New Mailing Address:** PO BOX 816 LABELLE, FL 33935 US FEI Number: 59-2757748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILHOLLAND, JACK W JR 139 HICKPOOCHEE AVE E LABELLE, FL 33935 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ROGERS, BURT K Name: Name: ELWELL, ALAN M 1255 N GULFSTREAM AVE 1005 3311 WEBBER WOODS DR. Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34240 Title: ٧S () Delete Title: VΡ (X) Change () Addition Name: MILHOLLAND, JACK W JR Name: MILHOLLAND, JACK W JR 6885 CORAL CIR 6885 CORRAL CIR Address: Address: SARASOTA, FL 34243 SARASOTA, FL 34243 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: ELWELL, ALAN M ANAST, STEPHEN E Name: Name: 3311 WEBBLER WOODS DR. 4151 ARROW LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SARASOTA, FL 34232

HESSER, HAROLD M

4714 ACORN CIRCLE

SARASOTA, FL 34233

() Change (X) Addition

ASTS

SIGNATURE: JACK W. MILHOLLAND, JR. VP 03/27/2002