

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90475 020 \*\*\*150.00

0258239 AV

**DOCUMENT # J32270**

1. Entity Name  
**JOHN E. PEARSON, P.A.**



Principal Place of Business  
**161 ISLAND DRIVE  
KEY BISCAIYNE FL 33149  
US**

Mailing Address  
**161 ISLAND DRIVE  
KEY BISCAIYNE FL 33149  
US**



2. Principal Place of Business  
**180 Harbor Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**180 Harbor Drive**  
Suite, Apt. #, etc.

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

4. FEI Number **59-2749136**

Applied For  
 Not Applicable

Zip Country  
**33149 US**

Zip Country  
**33149 US**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARSON, JOHN E.  
161 ISLAND DRIVE  
KEY BISCAIYNE FL 33149**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**180 Harbor Drive  
Key Biscayne  
Key Biscayne FL 33149**

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 *John E. Pearson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	PEARSON, JOHN E.	161 ISLAND DR	KEY BISCAIYNE FL 33149	<input type="checkbox"/>
AS	PEARSON, LAURA J.	161 ISLAND DR	KEY BISCAIYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PS	John E Pearson	180 Harbor Drive	Key Biscayne, FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	Pearson, Laura J	180 Harbor Drive	Key Biscayne, FL 33149	<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"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *John E Pearson* 3/17/03 305 361 7898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)