2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OF FINTED NAME OF SIGNING OFFI

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # K12262** 1. Entity Name PEARL AND VERNON, INC. 01-25-2000 90040 043 ***150.00 Principal Place of Business Mailing Address 4310 DEER RUN ROAD 4310 DEER RUN ROAD ST. CLOUD. FL 34772-8056 ST. CLOUD, FL 34772-8056 B0006758 2. Principal Place of Business 1 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2046080 ينابات والتوريخ Applite والما Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, PEARL Street Address (P.O. Box Number is Not Acceptable) 4310 DEER RUN RD ST. CLOUD FL 34769 Zip Code FL 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 _______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. *After MAY 1, 2000 Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Change Addition TITLE MOORE, PEARL NAME NAME 4310 DEER RUN ROAD STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME MOORE, TERRY STREET ADDRESS 3161 SETTLERS TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34772 TD ☐ Delete TITLE ☐ Change Addition TITLE MOORE, GARY NAME NAME STREET ADDRESS 2287 ELDORADO COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. CLOUD FL 34772 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 furstee empowered to execute his 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.

407-957-2552

Daytime Phone #