

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90034 008 ***550.00

DOCUMENT #

1. Entity Name

Pearl and Vernon, Inc. ✓

Principal Place of Business

4270 Albritton Rd.
St. Cloud, FL 34772

Mailing Address

P.O. Box 700370
St. Cloud, FL 34770-0370

2. Principal Place of Business

4270 Albritton Rd.

3. Mailing Address

P.O. Box 700370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34772

Country

USA

Zip

34770-0370

Country

USA

4. FEI Number

59-2046080

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Moore, Pearl
4310 Deer Run Rd.
St. Cloud, FL 34772

7. Name and Address of New Registered Agent

Name
Pearl Moore
Street Address (P.O. Box Number is Not Acceptable)
4270 Albritton Rd.City
St. Cloud FL Zip Code
34772

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒FILE NOW! FEES \$100.00
After MAY 1, 2001 Fee will be \$550.00
To Check Payable to Department of B...10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	Moore, Pearl	
STREET ADDRESS	P.O. Box 700370	
CITY-ST-ZIP	St. Cloud, FL 34770-0370	
TITLE	SD	☐ Delete
NAME	Moore, Terry	
STREET ADDRESS	3161 Settlers Tr	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	TD	☐ Delete
NAME	Moore, Gary	
STREET ADDRESS	2287 El Dorado Ct.	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Pearl Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-957-3423

Date

Daytime Phone #

CR2E034 (11/00)