

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12262
1. Entity Name
PEARL AND VERNON, INC.

FILED
Jun 13, 2002 8:00 am
Secretary of State
06-13-2002 90386 010 ***550.00

Principal Place of Business
4270 ALBRITTON RD.
SAINT CLOUD FL 34772

Mailing Address
P.O. BOX 700370
ST. CLOUD FL 34770-0370



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2046080	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MOORE, PEARL
4270 ALBRITTON RD.
SAINT CLOUD FL 34772

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 _____
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!!! FEE IS \$150.00
After May 1, 2002, 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

1. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	4310 DEER RUN ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3181 SETTLERS TRAIL	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2287 ELDORADO COURT	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** *Paul Moore* 6-7-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)