

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 035 ***158.75

DOCUMENT # K32027

1. Entity Name
C. E. PICKERING INVESTMENTS, INC.



Principal Place of Business
**3130 SW 27TH AVENUE
APT 34
MIAMI FL 33133
US**

Mailing Address
**1172 S DIXIE HIGHWAY
482
CORAL GABLES FL 33146
US**



2. Principal Place of Business
1172 S. DIXIE Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES FL

Zip

Country

Zip

Country

33146

U.S.

4. FEI Number **59-1877861**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIMM, GORDON
3130 SW 27TH AVENUE
APT 34
MIAMI FL 33133**

Name

KEITH STOLTENBERG

Street Address (P.O. Box Number is Not Acceptable)

90 RAFFERTY, GUTTERREZ HART

1401 BRICKELL AVE. SUITE 400 825

City

MIAMI

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

5/22/03

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 **DAT** ☐ Delete
NAME **PIMM, GORDON**
STREET ADDRESS **2560 TIGERTAIL #6**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PIMM, GORDON**
STREET ADDRESS **188 STANLEY AVE**
CITY-ST-ZIP **OTTAWA ON CANADA**

TITLE **S** ☒ Delete
NAME **PIMM, GORDON**
STREET ADDRESS **2560 TIGERTAIL #6**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GORDON PIMM

Date

Daytime Phone #

May 2nd

613 744 2262

CP2E034 (10/02)