

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # L16953**1. Entity Name
PIONEER SURVEYORS, INC.

Principal Place of Business 7757 JOHNSON ST. PEMBROKE PINES FL 33024 US	Mailing Address 7757 JOHNSON ST. PEMBROKE PINES FL 33024 US
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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

65-0149612

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WILEN BARRY AESQ**
4601 SHERIDAN ST #208**HOLLYWOOD FL**
33021 US**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 _____ **04/21/2001**

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, 2001 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**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	STD
STREET ADDRESS	JOHNSTON, SHARON S.
CITY-ST-ZIP	9821 N.W. 22 STREET PEMBROKE PINES FL
TITLE	<input type="checkbox"/> Delete
NAME	PD
STREET ADDRESS	JOHNSTON, LOUIE P.
CITY-ST-ZIP	9821 N.W. 22 STREET PEMBROKE PINES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON LOUIE PDIR	
STREET ADDRESS	9821 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON JOSHUA PVP-D	
STREET ADDRESS	9821 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON PHYLLIS DT D	
STREET ADDRESS	9821 NW 22 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, HENRY A.	
STREET ADDRESS	10319 GREENHOUSE ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, SHARON S.	
STREET ADDRESS	9821 N.W. 22 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SHARON S. JOHNSTON

PD

04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)