

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90382 040 ***150.00

DOCUMENT # N00000007449

1. Entity Name

PEARCEY PRAISES INCORPORATED

Principal Place of Business

P. O. BOX 1034
 SARASOTA FL 34234

Mailing Address

P. O. BOX 1034
 SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

P.O. Box 51163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number

65-1059439

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

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

PEARCEY, MARY A
2646 22ND ST.
SARASOTA FL 34234

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

Mary Annette Pearcey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <i>Mary Annette Pearcey</i> <i>2646 22nd Street</i> <i>Sarasota, FL 34234</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Harriett J. Holder</i> <i>1855 Sanford Circle</i> <i>Sarasota, FL 34234</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Raymond Trice</i> <i>6412 14th St W</i> <i>Bradenton, FL 34208</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Charles Pearcey</i> <i>2932 Osprey Ave</i> <i>Sarasota, FL 34234</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Danette White</i> <i>817 27th St. East</i> <i>Bradenton, FL 34208</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Michael Suarez</i> <i>4131 Prairieview Dr.</i> <i>Sarasota, FL 34232</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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:

Mary Annette Pearcey

5/1/01

955-3114

CR2E037 (10/00)