

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90072 038 ***150.00

DOCUMENT # P00000081791

1. Entity Name

Pioneer Site Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6595 Massachusetts Dr. 6595 Massachusetts Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

651045132

Applied For

Not Applicable

Zip

33462

Country

Palm Beach

Zip

33462

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hertz, Clifford I. PA c/o Broad & Cassel

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

400 Australian One North Clematis St.

Suite 500

City

West Palm Beach, FL

FL

Zip Code

33401

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

A
Randall, James
6595 Massachusetts Dr.
Lantana, FL 33462

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

B
Randall, Heili
6595 Massachusetts Dr.
Lantana, FL 33462

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Randall

4/30/02 561-371-0078

Date

Daytime Phone #

CR2E034B (12/01)