

2001 UNIFORM BUSINESS REPORT

DOCUMENT # P00000113476

1. Entity Name

PIONEER MARKETING, INC.

Principal Place of Business

1304 S. SCALES
REIDSVILLE NC 27320

Mailing Address

1304 S. SCALES
REIDSVILLE NC 27320

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

56-2243670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, NANCY L
1223 PATHWAY DR.
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name
Frank Patton
Street Address (P.O. Box Number is Not Acceptable)
1304 S. SCALES
City
REIDSVILLE, NC 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 reappointing)

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	P	☐ Delete
NAME	PATTON, LARRY	
STREET ADDRESS	1304 S. SCALES	
CITY-STATE-ZIP	REIDSVILLE NC 27320	
TITLE	V	☐ Delete
NAME	PATTON, FRANK	
STREET ADDRESS	1304 S. SCALES	
CITY-STATE-ZIP	REIDSVILLE NC 27320	
TITLE	S	☐ Delete
NAME	POPE, JAMES	
STREET ADDRESS	1304 S. SCALES	
CITY-STATE-ZIP	REIDSVILLE NC 27320	
TITLE	T	☐ Delete
NAME	RASH, DAVID	
STREET ADDRESS	1304 S. SCALES	
CITY-STATE-ZIP	REIDSVILLE NC 27320	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 either line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-01

(336) 634-0057

Date

Signature Printed

8594



DO NOT WRITE IN THIS SPACE

CR25034 (10/00)